



ANNUAL REPORT

on the

PUBLIC HEALTH

of

WORCESTERSHIRE,

1929.

by

WYNDHAM PARKER, M.C.,

M.B., Ch.B. (Edin.), D.P.H. (Lond.)

County Medical Officer.



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TO THE
COUNTY COUNCIL OF WORCESTERSHIRE.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

Annual Report, 1929.

1. I have the honour to present my report on the health of the County during the year 1929.

2. With the ever increasing duties placed upon County Public Health Departments it becomes more difficult each year to find time to prepare the necessary statistics and to submit reports upon the numerous matters upon which a County Medical Officer must comment.

3. Last year I endeavoured to shorten this report by not re-submitting information given in recent years. The same course is being followed in respect of the present report, but references are given to previous reports where necessary.

Local Government Act, 1929.

4. In my last report I gave instances of how the Public Health Services would be affected. Further references will be found, under appropriate headings, to new Departmental work connected with Vaccination, Infant Life Protection and the proposed financial aid to Local Sanitary Schemes.

County Public Health Staff.

5. During 1929 Dr. B. W. Housman was unable by reason of ill health to carry on his duties and in view of his impending retirement, Dr. C. Fraser Brockington was appointed on the Staff.

6. Dr. Housman was one of the original Senior Assistant County Medical Officers and has been in the service of the Council since 1908.

7. His work has been invaluable to the County Health Service : he served the County with a fine sense of loyalty and his sound commonsense methods and views will be greatly missed by his colleagues.

District Sanitary Officers.

8. The following changes have taken place since my last Report :—

DROITWICH BOROUGH.

Mr. R. Hulse succeeded Mr. C. T. Butler as Sanitary Inspector and Surveyor.

ROCK RURAL.

Mr. W. Thompson succeeded Mr. W. Kettle as Sanitary Inspector.

Vital Statistics.

9. Table I. gives the Vital Statistics for the Year.



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10. The following figures give particulars of the County rates for the past 27 years :—

Years.		Birth Rate*	Net Death Rate*	Infantile Mortality Rate†
1929	—	16·0	13·2	71
1928	—	16·5	11·8	64
1923-27	—	17·6	11·7	63
1918-22	—	19·6	13·3	68
1913-17	—	20·0	13·7	90
1908-12	—	23·4	12·9	99
1903-07	—	26·6	14·4	114
England and Wales 1929		16·3	13·4	74

*Per 1000 of the population.

†Per 1000 of the births registered.

11. It will be seen from the above table that the Birth-rate has fallen to 16 births per 1,000 of the population. With the isolated exception of the year 1917, when the figure recorded was 15·9 the birth-rate has never been so low ; the rate is also lower than that for England and Wales.

12. The Death-rate for 1929 (13·2) is exceptional. The increase is largely due to the prevalence of Influenza in 1929, but as the average age of the population is increasing it can only be expected that this alteration will be accompanied by a natural increase in the crude Death-rate.

13. Sir George Newman in his report for the year 1928, emphasises the importance of what are called “ vital statistics ” if the problems with which Local Authorities and the Country are faced, are to be solved. These figures measure the value of methods and results.

14. The change in the age constitution of the population is strikingly brought out in the above mentioned report. Before the war the Census of 1911 showed that there were more children under 15 years of age living than adults over 55 years of age. By 1921 there were about 40% more adults over 55 than children under 15. The estimate for the year 1928 indicates that this alteration is becoming even more marked and within the next few years the figures for persons beyond the prime of life will be double those for children.

15. These figures constitute a national question which must influence the vitality of a nation but an appreciation of this altered state of affairs is also essential to any persons who attempt to measure by figures the value of methods and results.

16. The crude death-rate (13·2) provides no real guide to the health of Worcestershire if compared with figures of 20 years ago or those of any other County or Country unless the age factor is also considered.

17. In the same way the death rate from Cancer can be expected to increase because there are so many more persons living at ages when this disease takes its toll.

Prevalence of, and Control over, Infectious Diseases.

18. Table II. shows the number of cases of Infectious diseases notified in each Sanitary district, during 1929, viz. :—

TABLE II.

4A

District.	Smallpox		Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Fever.		Puerperal Pyrexia	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis		Ophthalmia Neonatorum.		Acute Poliomyelitis		Pneumonia		Encephalitis Lethargica.	
	Cases	Deaths	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths (a)	Cases.	Cases	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths. (a)	Cases	Deaths.
<i>Urban</i>																							
Bewdley Borough			2		15	2				1	2	2		6	1					1	3		
Bromsgrove -			17	1	4				2		1	5	3	3	3					10	6		
Bromsgrove North			16		4		1			1	2	13	10	3		2		1		25	8		
Droitwich Borough			9		1					2	2	6	4	1	1	1					3		
Evesham Borough			6				1	1	1		1	4	6	2	1					1	8		
Halesowen -			46		11	1	1		5	4	4	49	20	11	4	5				98	31		
Kidderminster Borough			30		14	1			2	1	12	38	22	43	2	1				27	27		
Lye and Wollescote			8		46	3					2	27	6	6		3				90	23	1	1
Malvern -			93	1	5		1	1			1	18	18	4	3	1				34	14	1	1
Oldbury -			63		22	2	2		1	2	8	49	19	13	12	4				119	35	3	2
Redditch -			13		8		2				1	27	9	9	4			1		44	20	3	1
Stourbridge Borough			22		21	1	1		5	1		13	14	5		7				50	13		
Stourport			6		1						2	6	3	3	2	1				23	8		
Totals -			331	2	152	10	9	2	16	12	38	257	134	109	33	25		2		522	199	8	5

Rural

Bromsgrove -			17		3		1			1	3	15	14	5	3	1				16	11	1	
Droitwich -			16		2				1		3	5	5	3		2				6	6		
Evesham -			44		4				1		1	7	8	4	2					3	10		
Feckenham -			11		4							8	4	3						3	2		
Kidderminster			6		8						2	8	7	5	1					3	3		
Martley -			28		7	1					7	13	3	4	3					25	6		
Newent (part)												1	1								1		
Pershore -	1		26		15	4	2				4	17	7	7	4					38	9	1	
Rock -			1		2						1	5		1	2					2	2		
Shipston-on-Stour			19		1				1		4	5	3	3			1			4			
Stow-on-the-Wold (part)			2																				
Tenbury -			7									4	2	2	1					1	4		
Tewkesbury (part)			2		1		1	1				2	2	1						1	2		
Upton-on-Severn			49		2	1					1	15	9	12	2	1				33	5		
Winchcombe (part)																							
Totals -	1		228		49	6	4	1	3	1	26	105	65	50	18	4		1		135	61	2	
Grand Totals	1		559	2	203	16	13	3	19	13	64	362	199	159	51	29		3		657	260	10	5

Anthrax. Three cases were notified in Kidderminster Borough.

(a) The deaths refer to all cases of pneumonia, not those which are notifiable.

(b) The deaths refer to cases of Puerperal Pyrexia and Fever.

Scarlet Fever.

19. The annual average number of cases in the County for the last 20 years was 812 and the deaths 13.

20. In 1929 the cases numbered 559 and the deaths 2.

21. The only district in which the disease was unduly prevalent was Malvern where 93 cases were notified with one fatal case.

22. Scarlet Fever continues to be a mild disease.

23. Very little selection appears to be exercised in certain County districts in finding out cases for Hospital treatment, where an Isolation Hospital is available. The custom of the past is adhered to, and almost all cases are treated at considerable expense to the local authority, whilst no accommodation is provided for measles or whooping cough cases, which at present are more fatal and damaging ailments.

24. I do not think Scarlet Fever antitoxin is used in many of the County Fever Hospitals, although its usefulness is generally accepted.

Diphtheria.

25. For the last 20 years the average number of cases was 294 and the deaths 32 annually.

26. In 1929 the cases numbered 203 with 16 deaths.

27. Although there is a reduction in the annual number of deaths, Diphtheria is still a very serious disease. The case mortality (8 fatal cases in every 100 occurring) is still high.

28. During the year a sharp outbreak occurred in Bewdley Borough, which was introduced from a neighbouring County Borough. A child coming to stay in Bewdley, whilst convalescent after treatment in hospital was found to be a carrier. The energetic action of the Local Medical Officer of Health soon got this outbreak in hand.

29. At Stourbridge 21 cases occurred. These were associated with certain carriers discovered in School or by the Medical Officer of Health.

30. In Lye and Wollescote Urban District 46 cases occurred in 1929 with 3 deaths. The outbreak continued during the early months of 1930. A very large number of carriers was discovered ; infection in the homes appeared to be more connected with the spread, than attendance at school.

31. The closest co-operation between the School Doctors and the Local Medical Officer of Health was maintained throughout, and in 1930, as cases were still occurring, parents were given the opportunity of having their children immunised.

32. The Toxoid antitoxin mixture was provided by the Local Authority and the actual work was carried out by Dr. C. F. Brockington, one of the Assistant County Medical Officers.

Malaria.

Infantile Paralysis.

Cerebro Spinal Fever.

Encephalitis Lethargica.

33. Three cases of Infantile Paralysis were notified and 10 cases of Encephalitis Lethargica : five of the latter died.

✓ 34. One case of Malaria was reported in the Pershore Rural District early in 1930. As the case was one which had been contracted in Worcestershire, a full investigation was made. Although the clinical symptoms were very suspicious, no malarial parasites were discovered in the blood of the patient ; but as a brother who lived quite close had suffered from frequent attacks since his discharge from the Army, the diagnosis of malaria cannot be excluded.

35. There are two ponds quite near the house. A search for anopheline larvae in the ponds and hibernating adult mosquitoes in the house and adjoining buildings was carried out but no signs of anopheline mosquitoes were discovered. A further visit will be paid during the summer months.

Measles.

36. Twenty-three deaths (19 Urban and 4 Rural) were reported last year as compared with a total of 19 in 1928.

37. The incidence of Measles in 1929 was not exceptional. As the disease is not notifiable no figures can be given.

38. Measles and Whooping Cough still represent the two most fatal infectious diseases of childhood. In the School Report of this year attention is drawn to the importance of preventing, if possible, these infectious diseases, especially in children under five years of age, as the bulk of the fatal cases occur amongst infants.

39. The absence of Hospital accommodation in the County for serious cases of Measles has already been mentioned.

Anthrax.

40. Three cases apparently without fatal results were notified from the Borough of Kidderminster.

Enteric (Typhoid) Fever.

41. Thirteen cases and 3 deaths were notified in 1929. There was no general outbreak, not more than 2 cases occurring in any one Sanitary District.

42. A Matron of a Fever Hospital in the County of Worcester mentioned to me that she wished she could get some of the Typhoid Group cases treated in the Infectious Diseases Hospital. The reason for this was that she has the greatest difficulty in getting suitable cases on which she can train her nurses to look after patients who are really ill. In the country Isolation Hospitals, Diphtheria cases may be few and far between. Scarlet Fever is often so mild in type that it is at times almost impossible to decide whether a patient has the ailment or not. This type of case does not require much nursing.

43. The Typhoid group of cases are often nursed at home or occasionally admitted to wards in General Hospitals.

44. The remedy appears to be Hospitals serving a larger area ; the provision of motor ambulances makes this possible.

45. The County Council has, under the Local Government Act 1929, the duty of considering the question of Hospital accommodation for cases of Infectious Diseases throughout the County. The adoption of a sound scheme by which the resources of several districts are pooled would, I believe, add to the efficiency of the arrangements and prove economical.

46. There should also be some surplus accommodation available if such action was taken, which could with advantage be used for other types of illness, such as Rheumatism in childhood, which is not at present provided for.

Influenza.

47. There was a recrudescence of this Disease in 1929, when 277 deaths occurred.

48. In 1918, Influenza accounted for 994 deaths in the County and in the following year 336 deaths occurred. In 1927, 255 deaths occurred. The figure 277 for 1929 is the highest recorded since the pandemic of 1918-19.

49. The epidemic of 1929 was general throughout the Country. Unfortunately the control of the spread of Influenza has yet to be accomplished. Vaccines as preventatives are thought to be useful but the chief measures to be adopted, as outlined by the Ministry of Health Circular, concern the individual patient, who should go straight to bed. The massing of people together at close quarters such as Meetings, Cinemas, etc. is to be avoided. In this way spread from one person to another is minimised.

50. Attention to general health, cleanliness, fresh air and regular sleep is, of course, of importance in this as in all other diseases.

Smallpox.

51. The County continues its comparative immunity from Smallpox ; only one case being notified, in the Pershore Rural District.

52. The case, a small boy who came from India, was a very mild one. He had been vaccinated during the incubation period and made a good recovery.

53. The following Table shows the numbers of cases which occurred in England and Wales and in the County since 1911.

Year.	England and Wales.		Worcestershire.	
	Cases.	Deaths.	Cases.	Deaths.
1911	289	23	0	0
1912	121	9	0	0
1913	113	10	0	0
1914	65	4	0	0
1915	93	13	1	0
1916	159	18	0	0
1917	7	3	0	0
1918	63	2	0	0
1919	311	28	0	0
1920	280	30	0	0
1921	336	5	0	0
1922	973	27	0	0
1923	2,504	7	1	0
1924	3,792	13	0	0
1925	5,355	9	1	0
1926	10,095	18	0	0
1927	14,764	47	0	0
1928	12,433	58	2	1
1929	10,975	40	1	0
Total - -	62,728	364	6	1

Heart Disease and Rheumatism.

54. The number of deaths attributed to heart disease continues to increase, 714 being registered in 1929 against 644 in 1928. This represents 17% of the total deaths.

55. During 1929 the Public Health and Housing Committee had under consideration the subject of Rheumatism.

56. The Rheumatic manifestations of children which have been termed " Juvenile Rheumatism " constitute a very serious national problem. Many children die when young but a larger number remain as crippled citizens whose lives are cut short by damage done to the heart during an attack in childhood.

57. It must be understood that it is not the crippling of the joints which is so feared but the special attack on the heart muscle which is present to a greater or less extent in almost all cases of Juvenile rheumatism.

58. The Committee have requested that the provision of accommodation for this type of case should receive consideration when an Institutional Scheme is prepared by the Public Assistance Committee.

59. A report was also considered dealing with the provision of treatment centres for chronic rheumatism in the adult worker. This report was prepared for the Public Health Committee and the Local Branch of the British Red Cross Society. The suggestion put forward recommended that the County of Worcestershire could make provision for this type of case, as part of a joint scheme for the Midlands, with a Central Clinic at Birmingham, in close connection with the Special Hospitals and Medical School, and subsidiary local clinics in the more populous centres situated around Birmingham.

60. This report has been passed to the Insurance Committee and is receiving their support.

Cancer.

61. For many years a table showing the yearly mortality rate of Cancer has been given in these pages, but this year it is omitted.

62. The picture does not vary, as each quinquennial period, beginning with the year 1903, shows a slowly rising death rate ranging from 8·6 per 10,000 of the population in 1903 to 15·0 in 1928.

63. In 1929, 488 deaths occurred and the death rate was 15·8, per 10,000 of the population.

64. Although this increase is in part accounted for by the altered age constitution of the population, and more accurate certification of the cause of death may play a part, it is generally accepted that Cancer as a cause of death is on the increase quite independently of these factors.

65. The work of Departmental Committees and Research workers has provided the Country with some definite information.

66. The prospect of cure by the Surgeon has been demonstrated by the very favourable results recorded in reports dealing with Cancer of the Breast, but these favourable results cannot be expected unless the case comes under treatment at an early stage.

67. The usefulness of Radium in certain types of cancer, for example the womb, and the tongue, is recognised generally, and in order that this costly and specialised form of treatment may be developed on useful lines, the Country has been divided into areas based on certain large centres which will be equipped with the necessary amount of Radium and Staff to deal with the cases requiring this form of treatment.

68. The Birmingham General Hospital is the centre which is entrusted with a supply of radium for the treatment of cases arising in and around Birmingham, which would, of course, include parts at any rate of Worcestershire. The terms upon which cases from the County can be received are at present under consideration.

69. The Kidderminster and District General Hospital has, I believe, purchased some radium and is treating cancer cases.

70. It appears to me that radium treatment will be required for at least 3 types of persons in any complete scheme :

- (a) The person who ranks as a private patient and can pay for treatment. The arrangements for this type of case should present no great difficulty.
- (b) The Public Assistance case. It will be necessary for an arrangement to be made with the Hospital for an inclusive fee to be payable and for the Authority to recover such portion of the fee, as appears appropriate, from the patient.
- (c) The Voluntary contributor. This class of patient is, in my opinion, the most difficult and important. The very large number of persons who already participate in these Contributory Schemes is likely to increase and provide for an even greater percentage of the population in the future.

71. Radium is a rare and costly substance and it would certainly at the present time be unwise, even if it were possible, for all Hospitals with Contributory Schemes to attempt to provide the Staff and the equipment necessary for such treatment on their own Hospital premises.

72. The difficulty can be solved by co-operation between the Voluntary Hospitals Committees. The recognised Hospital should provide the treatment, and the agreed maintenance fee (being the out of pocket expenses of the providing Hospital) should be paid by the Committee of the Contributory Scheme of which the patient is a member. If such an arrangement is not made, I am afraid the Radium treatment areas will not provide adequate treatment for a most deserving group of citizens, that is, those who are contributors to Hospitals other than a recognised Radium Treatment Hospital.

73. I think one is justified in concluding at present that although no cure for all types of cancer has been discovered, emphasis should be laid on the necessity for early diagnosis, and further, given this early diagnosis, treatment by radium and surgery alone or in combination does provide a far more hopeful outlook than was the case a few years ago.

74. It must be remembered that a new field of treatment is being explored. The results of treatment in individual cases where accurate records are kept may be of benefit to hundreds at a later date especially when such a treatment Centre is connected with a Medical Training School.

75. Sir George Newman says " Research and treatment must proceed hand in hand " and he finally concludes " every Institution using radium should recognise the value of expert advice and (i) the safe custody of radium (ii) the protection of personnel and (iii) the tracing and recovering of radium fractions inadvertently lost or burnt."

Tuberculosis.

76. The Report of Dr. H. Gordon Smith, the Chief Tuberculosis Officer, is given as an appendix to this Report.

77. During 1929, 362 cases of Pulmonary and 159 cases of non-Pulmonary tuberculosis were notified. The figure 362 compares with 322 in 1928.

78. There were 199 deaths from Pulmonary tuberculosis and 51 deaths from non-Pulmonary Tuberculosis registered. These figures represent a slight fall in the Pulmonary and a slight rise in the non-Pulmonary cases compared with 1928.

79. An interesting extract from a report by Dr. H. Midgley Turner, the Assistant Tuberculosis Officer, on " Contacts " of Tuberculosis is also included as part of Dr. Gordon Smith's report.

Venereal Diseases.

80. The following Tables give information as to the numbers of cases treated in the County, viz. :

TABLE III.

Treatment Centre.	"NEW" OUT-PATIENTS.					"NEW" IN-PATIENTS.				Total Attendances of all Patients.					SALVARSAN SUBSTITUTES.		No. ceasing attendance without completing treatment	No. of specimens examined.
	"NEW" OUT-PATIENTS.					"NEW" IN-PATIENTS.				Total Attendances of all Patients.					No. of treated	No. of doses		
	Syph- ilis.	Gonorr- hoea.	Soft Chancre	Not V.D.	Total	Syph- ilis.	Gonorr- hoea.	Not V.D.	Total days.	Syph- ilis.	Gonorr- hoea.	Soft Chancre	Not V.D.	Total attend- ances.				
Worcester	24	42	-	18	84	3	9	1	454	506	723	-	100	1329	68	266	48	92
Kidderminster	33	25	-	45	103	1	7	-	163	484	461	-	55	1000	85	263	59	143
Birmingham	18	51	-	17	86	-	2	1	67	721	1450	-	60	2231	116	611	30	614
Dudley	1	4	-	9	14	1	-	-	50	47	590	-	55	692	13	12	-	63
Stourbridge	4	15	-	8	27	-	-	-	73	224	1897	-	13	2134	30	118	48	173
Totals	80	137	-	97	314	5	18	2	807	1982	5121	-	283	7386	312	1270	185	1085
Totals for previous year (1928).	63	95	1	125	284	11	8	-	925	1879	6370	16	300	8565	271	1131	130	-

VENEREAL DISEASES.

TABLE IV.

This Table compares the number of County cases treated at Clinics in 1929, with those in the six preceding years, viz. :—

Year	Worcester			Kidderminster			Birmingham			Dudley			Stourbridge			Grand Total 1923-1929
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	
1923	21	16	37	44	19	63	17	22	39	38	41	79	9	24	33	251
1924	20	22	42	39	11	50	19	21	40	7	10	17	8	14	22	171
1925	17	17	34	29	13	42	9	29	38	17	11	28	3	13	16	158
1926	9	27	36	28	15	43	12	19	31	4	19	23	7	23	30	163
1927	18	26	44	15	23	38	12	27	39	4	16	20	8	33	41	182
1928	16	25	41	17	19	36	17	18	35	3	16	19	10	17	27	158
1929	24	42	66	33	25	58	18	51	69	1	4	5	4	15	19	217

81. These Tables indicate one or two points.

82. There is a sharp increase in the number of new County cases of Gonorrhoea attending Worcester and Birmingham Centres. It is also noticed that there is a marked fall in County cases attending Dudley centre. Possibly the cases previously attending Dudley now attend in Birmingham.

83. There is an increase of over 30% in the new cases attending in 1929 compared with 1928. This increase is caused by the figures for Gonorrhoea.

84. Whether these figures indicate an increase in the amount of Gonorrhoea, or whether individuals are now more ready to accept treatment, cannot with any certainty be stated. In the absence of any unusual propaganda activity I am inclined to think the increase is actual.

85. In Sir George Newman's report for 1928 the figures for the Country as a whole show that there is a marked fall in new cases attending Centres for Syphilis since 1921 whilst in the same period there has been a marked increase year by year in the new cases of Gonorrhoea.

86. New treatment Centres are to be provided in Birmingham and Dudley to replace the existing centres.

87. Worcestershire cases will be able to attend these Centres, although the County is a minor partner in both instances.

Vaccination.

88. The transfer of vaccination functions from Guardians to the County Council was duly completed.

89. These new duties have been allotted to the Public Health and Housing Committee and information thereon will be included in my next report.

Sale of Food and Drugs Acts.

90. A detailed report is published separately by the County Analyst which shows the administration of these Acts in the County.

Maternity and Child Welfare.

91. A comprehensive survey of the County Scheme is given in my report for 1927.

92. On the 1st April 1930, by an Order of the Minister of Health, the Borough of Kidderminster and the Urban District of Oldbury were made Authorities under the Maternity and Child Welfare Act 1918. The supervision of Midwives in both these districts is still undertaken by the County Council.

93. After consultation with representatives of these authorities, arrangements have been made for the County Council to continue to provide certain services, including institutional accommodation for maternity cases. The administration of the Nursing Homes Act and Puerperal Fever and Puerperal Pyrexia Regulations is carried out by the County Council throughout the whole administrative County.

Midwifery Service.

94. In 1929, 252 midwives gave notice of their intention to practice in the County; 23 of this number are untrained. Seventy-seven midwives attended less than 5 cases in the year and 31 did not attend any cases at all.

95. All midwives are supervised by your Assistant County Medical Officers and during 1929 very few complaints were received.

96. The Chairman of the Committee held a local investigation into the conduct of two Midwives, but it was not found necessary to report the facts to the Central Midwives Board.

97. Grants in aid of midwifery services were made to 69 District Nursing Associations and the total Grant for this purpose was £1,026. Three independent midwives were given subsidies of £10 each.

98. During 1929, 5 new Nursing Associations were started in the following districts, viz.: Rock, Clifton-on-Teme, The Littletons, Eastham, and Rubery.

99. Although difficulties in obtaining the assistance of a qualified midwife still exist in a few rural parishes, the formation of these new Associations has greatly improved the position; the new Associations cover areas which previously had an incomplete or no midwifery service at all.

100. The number of births *Registered* in the County was 4,953.

101. Of the 4,823 births *notified* during 1929, 2,889 were attended by midwives ; in 1088 cases medical aid was sent for. It should be noted that although the births continue to fall, the assistance of a doctor is sought in an increasing percentage of cases each year.

102. In 725 of these cases (nearly 70%) the doctors claimed their fee from the Council. These fees totalled £1,282 14s. 7d. as compared with £1,043 in 1928 and £506 1s. 2d. five years ago. The total amount recovered from patients in 1929 was £211 15s. 0d.

103. The emergencies for which a doctor was called in are set out in the Table below :—

In respect of :

Complications of Pregnancy.

Ante Partum Haemorrhage and Placenta Praevia	—	37
Abortion and threatened abortion	— — —	49
Excessive sickness	— — —	5
Puffiness of hand and face or feet	— — —	5
Fits and Convulsions	— — —	2
Purulent discharge and sores of genitals	— — —	7
Albuminuria	— — —	13
Bad varicose veins	— — —	5
Other forms of ill-health	— — —	18

Labour.

Haemorrhage	— — —	22
Abnormal presentation	— — —	56
Uterine Inertia and prolonged labour	— — —	300
Ruptured perinaeum	— — —	246
Fits or Convulsions	— — —	5
Adherent placenta or membranes	— — —	38
Still birth	— — —	9
Premature labour	— — —	24
Other causes	— — —	60

After Labour.

(*On account of Mother.*)

Fits or Convulsions	— — —	—
Abdominal swelling and tenderness	— — —	—
Offensive lochia	— — —	2
Rise of temperature	— — —	36
Other causes	— — —	9

(On account of Child).

Jaundice	—	—	—	—	—	—	4
Asphyxia	—	—	—	—	—	—	5
Discharge from eyes	—	—	—	—	—	—	51
Feebleness	—	—	—	—	—	—	27
Malformation	—	—	—	—	—	—	5
Pemphigus and other skin eruption	—	—	—	—	—	—	9
Inflammation about or haemorrhage from navel						—	—
Convulsions	—	—	—	—	—	—	—
Unsatisfactory condition of child	—	—	—	—	—	—	6
Other causes	—	—	—	—	—	—	33
Total							1,088

104. A comparison of the figures given in the above Table with those of previous years indicates that the increase is mainly caused by one complication, namely "Uterine Inertia and Prolonged labour." In 1928 midwives asked for the assistance of a doctor for this complication in 216 cases; in 1929 the corresponding figure was 300. The figures for "Ruptured perineum" have also increased but to a lesser extent.

105. The cause for this increase in the percentage of cases with complications requiring medical assistance may be due to labour being a more difficult process than in the past, which supposition is supported by the fact that small families mean a larger proportion of first babies. On the other hand the increase has become so marked year by year that I think some other factor must also be responsible. There can be little doubt that patients and relatives are in present times more anxious to hurry the event on. Whilst some observers consider that an increase in the number of medical aid records indicates greater efficiency of the midwifery service in that complications are anticipated, undue pressure of patients and relatives may however, influence a midwife who is lacking in self reliance or patience, and thus account for part of the increase.

Ophthalmia Neonatorum.

106. There were 29 notified cases in 1929 as against 34 in 1928. Two babies and mothers received in-patient treatment at the Worcester Eye Hospital, 4 in Birmingham Eye Hospital, 2 in Kidderminster Hospital and 4 in Dudley Eye Hospital.

107. One case was treated in Hospital for 44 days, another 39 days, one 27 days and the remainder 9 days or under.

108. Three of these patients subsequently received out-patient treatment.

109. In two other cases out-patient treatment only was found necessary.

110. In 27 cases recovery without impaired vision resulted. One baby died in Hospital, and another left the area.

111. In four cases, arrangements were made for the district nurse to carry out the necessary treatment under the supervision of the local practitioners.

112. The arrangement by which the Council refrain from recovering the cost of treatment in these cases continues and is certainly very helpful in getting the slighter cases under early observation.

113. On the receipt of a medical aid record from a midwife that there is discharge from the eyes of an infant, the medical practitioner who is called in, is informed of the arrangements for treatment provided by the County Council. This procedure is, I think, very useful and in many cases, both mother and child are removed to hospital where in-patient treatment is found advisable.

Puerperal Fever and Puerperal Pyrexia Regulations.

114. Nineteen cases of Puerperal Fever and 64 cases of Puerperal Pyrexia were notified in 1929.

115. The opinion of a consultant was provided in 15 cases ; 47 cases were treated in the following hospitals :—

Kidderminster & District General Hospital.

General Hospital, Birmingham.

Sparkhill Womens Hospital.

Worcester Infirmary.

116. The cost of the service was £444 2s. 9d.

Maternal Mortality.

117. Thirteen deaths of mothers were attributed to Puerperal Sepsis as compared with 5 in 1928, and 13 in 1927.

118. Deaths from "other accidents and diseases of pregnancy and parturition" numbered 12, so that 25 deaths of nursing mothers occurred in the County in 1929.

119. This represents a maternal mortality rate of 5 per 1,000 of the births.

120. The deaths were widely distributed as will be seen from the following statement :

	Puerperal Sepsis.	Other Accidents of Parturition.
Bewdley Borough -	1	-
Bromsgrove North -	1	1
Droitwich Borough	2	-
Halesowen - -	4	2
Kidderminster Borough	1	3
Oldbury - -	2	1
Stourbridge Borough	1	-
Bromsgrove Rural -	1	1
Droitwich Rural -	-	1
Kidderminster Rural	-	1
Rock Rural -		2

121. Each maternal death was the subject of an Inquiry. Confidential reports have been sent to the Ministry of Health.

122. I wish to express my appreciation of the willingness with which general practitioners and hospital staffs have given me information for inclusion in these reports.

123. In no single instance was a fee asked for by a doctor when making a report. The local branch of the British Medical Association agreed these investigations might be considered a voluntary effort on the part of medical men towards the solution of a very difficult problem.

124. It is encouraging to note that Sir George Newman in his last report says " I fully realise that each enquiry involves a considerable amount of time, effort and trouble on the part of all concerned, but I feel confident that the results will justify the labour expended."

125. The maternal mortality of 5 per 1000 births is too high. Whilst Worcestershire is not included in the list of areas with the worst recorded figures given in Sir George Newman's report for 1928, it is clear that the Puerperal Sepsis rate of Worcestershire compares badly with other Counties ; there are only 17 Counties in England and Wales with a worse figure than our own for deaths from sepsis. The figure for other accidents is about the average for the Country as a whole.

126. Arrangements are being made for post certificate instruction of some of our practising midwives ; 6 places have been reserved for County midwives in the Birmingham classes. It is hoped that the County Nursing Association will also make provision for midwives in South Worcestershire as this post certificate instruction is often badly needed.

127. The lectures to Midwives have been continued and the attendances were very good ; during the year the Lecturers included :—

Professor Beckwith-Whitehouse who spoke on “ Danger signals in the practice of Midwifery.”

Dr. Leonard Parsons on “ The artificial feeding of Infants. ”

128. Compensation is paid to midwives who suffer financial loss by suspension, with a view to prevent the spread of infection. The County Council are also prepared to consider compensating midwives who lose a midwifery fee when a case is removed to an Institution on account of a complication discovered ante-natally.

129. The Lucy Baldwin Maternity Hospital at Stourport was opened in 1929. The Hospital, which was designed by Mr. Cyril Martin of Birmingham, is an admirable one in every way and was the gift of Sir Julien Cahn to Mrs. Stanley Baldwin, who presented it to the County Council : Sir Julien Cahn bearing the entire expense of maintenance for the first year.

130. Prior to April 1st 1930 the Hospital was administered by a Voluntary Committee. Dr. E. Stanley Robinson of Stourport, who was on this Committee, has, since the Hospital was first suggested, put in an enormous amount of work. Sir Julien Cahn, when the Hospital was first opened, said that without Dr. Robinson there would have been no Hospital in Stourport.

131. The Hospital has accommodation for 10 patients, and has one Isolation bed. It is already being made use of by an increasing number of mothers ; about 80 have been admitted so far and many of these came from distant parts of the County.

132. Two local medical men who are in partnership have been appointed medical officers to the Hospital ; private patients may be attended by their own doctors. Regular ante-natal sessions are held at this Hospital ; Professor Beckwith-Whitehouse and Mr. A. Danby are the two Honorary Consultants. The County is particularly indebted to Professor Beckwith-Whitehouse for his ready and valuable assistance in connection with the plans and

staffing of the Hospital. His continued association with it now that it has been taken over by the County Council is greatly appreciated by me and the Staff of the Hospital.

133. Emergency midwifery cases are admitted to the Worcester Infirmary, Kidderminster and District General Hospital, General Hospital, Birmingham, and the Maternity Hospital, Loveday Street, Birmingham. With the exception of the Public Assistance Hospitals, details of which are given below, there are no beds in the County (excluding the Lucy Baldwin Maternity Hospital) set aside specially for Maternity cases.

Provision for maternity cases in Public Assistance Hospitals.

*West Bromwich Union – (Hallam Hospital).	52 beds.	About 6 beds would represent the quota of Oldbury U.D.
Shipston – –	1 bed.	Not much used.
Tenbury – –	2 beds.	Cases average 1 a year.
Evesham – – (Block and Labour Ward)	3 beds.	Cases average 6 or 7 a year.
*Tewkesbury – – (No labour ward)	2 beds.	Cases average 6 a year.
*Alcester – – (No labour ward)	2 beds.	Cases average 2–3 a year.
Upton-on-Severn – (No labour ward)	3 beds.	Cases average 4 a year.
Bromsgrove – – (No labour ward)	2 beds.	Cases average 2 a year.
Droitwich – – (nil)		
Martley – – (+ labour ward)	2 beds.	Cases average 6 a year.
Pershore – – (No labour ward)	4 beds.	Cases average 3 a year.
Kidderminster – – (+ labour ward)	4 beds.	24 cases last year.
*Stourbridge – – (+ labour ward)	8 beds.	Recently improved. 16 cases booked at present.

* These Unions include a portion of the County of Worcestershire but the Institutions are situated outside the County.

134. At the time of writing this report, a very generous offer has been received from Mr. Ernest Stevens of Prescott House, Stourbridge, to provide and equip a Maternity Hospital for the use of Stourbridge and adjoining areas.

135. The following scale has been adopted for midwifery cases admitted to Maternity or special Hospitals.

Maternity Cases.

Proposed Charges to be recovered from Patients who receive the Ordinary Maternity Benefit.

When the net weekly income after deducting 5/- for each child under 14 years of age is :—

30/- and under	10/- per week to be repaid.
30/- „ 35/-	12/6 „ „
35/- „ 40/-	15/- „ „
40/- „ 45/-	17/6 „ „
45/- „ 50/-	20/- „ „
50/- „ 60/-	25/- „ „
60/- „ 70/-	30/- „ „
70/- „ 80/-	35/- „ „
80/- and over	Whole fee to be repaid.

A Booking Fee of 5/- must be paid in all cases, but this amount will be credited against the Scale charges.

These fees are inclusive of medical treatment if required.

For the purposes of the Scale, income from children and lodgers will be reckoned as under :—

Amount received.				Amount to be added to weekly income.
Over	7/6 and under	10/-		1/6
„	10/-	„	15/-	2/6
„	15/-	„	20/-	3/6
„	20/-	„	25/-	5/-
„	25/-	„	30/-	7/6
„	30/-	„	35/-	10/-
„	35/-	„	40/-	11/6
„	40/- and over			13/-

In any case where the patient receives no Maternity Benefit, or double Maternity Benefit, or in exceptional circumstances, the amount of fee to be paid may vary from the Scale.

136. The scale is a reasonable one and no person is likely to be prevented on financial grounds, from receiving Institutional treatment when recommended.

137. In urgent cases no inquiries are made prior to admission, but in ordinary booked cases each patient is informed of the contribution she will be expected to pay.

Home Helps.

138. The Worcestershire Federation of Womens Institutes have been most helpful in raising a fund to provide assistance towards the provision of Home Helps.

139. Home Helps are of importance, as many women who ought for their own safety, to be confined in Hospital, decline the facilities offered because the difficulty of leaving home and family is too great. In a country area it is not only a question of finance, but it means that some local person or body of individuals should assist in finding the right type of person who is capable and willing to undertake these duties.

140. There is a very natural reluctance for people to leave home, and this is particularly noticeable in rural areas.

Stillbirths.

141. These numbered 124. The special enquiries which have extended over some years have been continued by your Medical Officers without much addition to our knowledge of any special cause for Still Births. Very little action can be taken in the majority of cases. The stillbirth rate has continued to remain at about the same figure for a number of years.

Infant Welfare.

142. 41,039 visits were paid to infants in 1929 by County Health Visitors, District Nurses and Nurses employed by Voluntary Committees.

143. The following Table gives details of attendances at the Infant Welfare Centres in 1929 :—

County Council Centres.

Centre.				Average Weekly Attendances.
Redditch	—	—	—	113
*Oldbury	—	—	—	45
Langley	—	—	—	81
Lye	—	—	—	82
Halesowen	—	—	—	81
Cradley	—	—	—	50
Blackheath	—	—	—	69
Bromsgrove	—	—	—	61
Catshill	—	—	—	22
Rubery	—	—	—	20

* Twice weekly.

Voluntary Agency Centres.

Centre.				Average Weekly Attendances.
Malvern Centres	{	*Broadway	—	11
		*Alvechurch	—	20
		Evesham	—	50
		Stourbridge	—	86
		Malvern Link	—	34
		Poolbrook	—	22
		Newtown	—	45
		*Wyche	—	20
		*Tardebigge	—	17
		*Blockley	—	17
		*Fairfield	—	5
		†Upton-on-Severn	—	not known
		Belbroughton	—	19
		*Ombersley	—	12
		Stourport	—	5

Kidderminster Corporation Centres.

Prospect Lane, Kidderminster	—	80
St. John's, Kidderminster	—	55
Orchard Street, Kidderminster	—	37

* Opened Fortnightly.

† Opened Monthly.

144. The attendance at Oldbury Centre is very much below the average ; there were certain reasons for this falling off which were satisfactorily dealt with before the Centre was transferred to the Oldbury Authority in 1930.

145. Rubery is one of the more recently opened Centres ; the attendances are not yet as good as one would like but are likely to improve, as the population is an increasing one.

146. Special efforts are being made during 1930 to try and get more regular attendances at Centres by the " toddlers " until such time as they are admitted to school.

147. I have frequently referred to the excellent work done at Voluntary Centres and I can only repeat that the work of the Voluntary Helpers has been of inestimable value to the County Maternity and Child Welfare Scheme.

Ante Natal Clinics.

148. The following Table shows the number of clinics and attendances :—

		Average attendance.
Halesowen	opened monthly	10
Oldbury	opened fortnightly	9
Langley	opened fortnightly	20
Kidderminster	opened monthly	10
Stourbridge	opened fortnightly	11

149. In addition much valuable work is done through the ante natal visits of the County nurses and midwives.

Infant Mortality Rate.

150. The County rates for the last five years have been as under :

	Births.	Deaths under 1 year.	Infantile Mortality Rate.
1925 —	5458	338	62
1926 —	5309	296	56
1927 —	5090	356	70
1928 —	5108	325	64
1929 —	4953	352	71

151. The figure of 71 is not as good as usual, and whilst Measles was prevalent in Oldbury and Whooping Cough in Halesowen, 1929 on the whole was not a bad year except for Influenza.

152. The figures for Diarrhoea as a cause of Death in children under 2 years of age for the last 5 years is fairly uniform, but there is a marked increase in deaths from congenital debility and Malformation including Premature birth. These figures are even more significant when it is remembered that the total births are falling.

	1925	1926	1927	1928	1929
Deaths from					
Diarrhoea under 2	35	36	26	25	29
Deaths from Congenital					
Debility and Malform-					
ation including prema-					
ture birth — —	143	147	170	157	187

Baby Weeks.

153. Grants were given either for Baby Week or Baby Days in 1929 to the following Centres, viz :—

Blackheath.

Langley.

Oldbury.

154. The educational side of the Welfare Centre work is of great importance.

155. Health Visitors are asked and encouraged to give regular health talks at Centres and from time to time the doctors assist in this work as well.

156. Dr. Eileen Bulmer occupies a considerable proportion of her time on Maternity and Child Welfare work. One of Dr. Bulmer's Centres (Blackheath and Cakemore) kept up the good record of Worcestershire Centres in the National Baby Week competition by taking second place in 1929 and gaining the William Hardy Banner.

157. Malvern Voluntary Centres and the County Council Centres at Lye, Halesowen and Blackheath did well in the National Mothercraft competitions, Malvern taking third place in England. Halesowen, Blackheath and Lye were well placed on the list of awards.

158. The Mothercraft classes to older girls in certain elementary schools and lectures by Health Visitors at Womens Institutes were continued in 1929.

Midwifery training.

159. A grant of £300 was made to the County Nursing Association in 1929 towards the training and supply of midwives.

160. The majority of midwives supplied to District Associations in the past have been trained by the Worcester City and County Nursing Association. The alteration in training arrangements following on the decision of the Central Midwives Board to discontinue in 1931 approval of the Tything Nursing Home for training purposes may very possibly increase the difficulties of finding nurses for country districts.

Nursing and Maternity Homes.

161. The following action has been taken in 1929 :

Four new Applications were received and approved.

The position at the end of 1929 is summarised below :

Number of applications for registration	—	28
Number of Homes registered	— — —	26
Number of applications refused	— —	2
Number of appeals	— — — —	—
Number of applications for exemption	— —	10
Number of exemptions granted	— —	10

Nursery schools.

162. I have received instructions to prepare a report on the circular received from the Ministry of Health and Board of Education.

163. As children under the age of 5 years are not infrequently admitted to elementary schools, the Education Committee will also consider this report, which is being prepared in conjunction with Mr. Priestley the County Director of Education.

164. The provision of Nursery schools is an urban problem.

165. In connection with rural districts I feel sure much can be done by encouraging the establishment of small village Welfare Centres where children up to the age of 5 years can be kept under continuous medical and nursing supervision. The provision of Nursery Schools in these country districts is neither possible nor

necessary. At the present time most of the larger towns and many of the villages in the County have flourishing Welfare Centres but there are certain towns where for some reason or another Welfare Centres have either not started or have failed to receive sufficient encouragement to continue their existence. At present the towns of Pershore, Droitwich and Bewdley have no Welfare Centres. Upton-on-Severn, Stourport and Tenbury had Centres at one time, but progress has not been satisfactory either through lack of local support or inadequacy of premises provided. Until these districts have established Centres it is extremely difficult to arrange for the medical supervision of the infants before admission to school.

166. The Committee has done everything possible to assist Voluntary Committees both in starting and running local Infant Welfare Centres, and I hope that it will be possible in subsequent reports to record some progress in this direction.

Treatment of Cripples.

167. The arrangements have been continued on the lines recorded in previous reports.

168. The Massage and Remedial Exercises Clinic at Stourbridge is most useful to cases living within a reasonable distance of the Centre.

In patient treatment.

169. The following table gives details of cases treated.

Name of Hospital.		Non-pulmonary tubercular cripples.	Crippled school children.	Crippled Infants.
Birmingham Royal Cripples Hospitals	— —	27	18	6
Shropshire Orthopaedic Hospital	— —	4	—	—
Warwickshire Orthopaedic Hospital	— —	1	2	3
Worcester Infirmary	—	10	10	3
Wingfield Orthopaedic Hospital	— —	1	—	—
Kidderminster General Hospital	— —	2	—	—
Other Birmingham Hospitals	— —	5	—	1
		—	—	—
Totals	— —	50	30	13
		—	—	—

170. The 50 cases of non-pulmonary Tuberculosis included 21 spinal lesions, 25 involving other bones or joints and 4 cases suffering from other forms of tuberculosis.

171. The 30 school children where in-patient treatment was provided suffered from the following defects.

Infantile Paralysis	—	—	10
Hip conditions	—	—	4
Deformities of hand or fingers		—	3
Talipes	—	—	3
Osteomyelitis	—	—	2
Hammer toe	—	—	2
Injuries	—	—	2
Other defects	—	—	4

The 13 infants were suffering from the following defects

Infantile paralysis	—	—	4
Congenital dislocation of the hip		—	3
Talipes	—	—	1
Rickets	—	—	2
Osteomyelitis	—	—	1
Deformity of arms and legs	—	—	1
Spinal condition	—	—	1

172. It will be seen from the above report that 93 cases received treatment in Hospitals during 1929.

173. During the year 64 were discharged and 29 were in Hospitals on 31st December.

174. It should be noted that certain additional Tubercular cripples were treated at Knightwick Sanatorium and details of these cases are included in the report of the Chief Tuberculosis Officer (appended). Arrangments were made for one boy to be admitted to a Training School for Physically Defective children ; half the cost being borne by a local charity.

Clinic Out-patient treatment.

175. The three after-care centres (Stourbridge, Redditch and Worcester) have been open for the whole year and the cases and attendances were :—

(a) Stourbridge	228 cases	1143 attendances.
(b) Redditch	101 „	589 „
(c) Worcester	117 cases	492 „

176. In addition to these figures, a certain number of cases attend at the Birmingham Broad Street Clinic in emergency or for convenience.

177. These attendances numbered 217 in 1929.

178. The Massage Clinic at Stourbridge was open during the whole year and is now held on 5 days per week.

179. 2538 attendances were made during 1929.

180. Owing to the irregular County boundary it has been arranged for a few cases to attend the Stratford-on-Avon Centre on payment of a fee.

181. There is a considerable amount of work undertaken at these after-care centres : alterations to boots, fitting and adjustment of splints and plaster work etc.

182. In 1929 new appliances and repairs to boots and splints were carried out on behalf of Tuberculosis cases in 68 instances School children 317 instances and Infants 187 instances.

183. In addition 43 X-ray examinations were carried out through the Birmingham Royal Cripples Hospitals for cases attending the Stourbridge and Redditch After-care centres.

184. Patients attending these Centres usually pay their own bus or railway fares. Assistance given in 1929 towards travelling expenses, chiefly in Rural Districts, amounted to £10.

185. Patients attending Centres often contribute sixpence towards the cost of running the centre. As almost all the cases have to travel some distance into Worcester Clinic no contribution except towards the cost of appliances is asked for.

186. As the work concerns three different Committees I have included a statement of cost and apportionment of the various services provided together with a table giving the contributions made by parents towards the cost of treatment.

In-Patient.

			*Tuberculosis.			School children.			Infants.			Total.		
			£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Birmingham Royal Cripples Hospitals	—	—	1883	14	2	261	17	1	152	10	0	2298	1	3
Worcester Infirmary	—	—	219	3	6	49	1	9	83	7	6	351	12	9
Warwickshire Orthopaedic Hospital	—	—	136	17	6	28	4	8	166	3	5	331	5	7
Kidderminster Hospital	—	—	56	12	6	—	—	—	—	—	—	56	12	6
Shropshire Orthopaedic Hospital	—	—	160	17	6	—	—	—	—	—	—	160	17	6
Wingfield Orthopaedic Hospital	—	—	136	17	6	—	—	—	—	—	—	136	17	6
Queens Hospital, Birmingham	—	—	9	8	5	—	—	—	—	—	—	9	8	5
Children's Hospital, Birmingham	—	—	3	12	0	—	—	—	—	—	—	3	12	0
Skin Hospital, Birmingham	—	—	5	15	6	—	—	—	—	—	—	5	15	6
General Hospital, Birmingham	—	—	2	2	11	—	—	—	—	—	—	2	2	11
TOTALS			—	2615	1 6	339	3 6	402	0 11	3356	5 11			

Out-patient.

Broad Street, Birmingham	—	—	19	10	2	46	19	3	18	14	3	85	3	8
Stourbridge Clinic	—	—	62	18	1	106	12	11	83	9	0	253	0	0
Redditch Clinic	—	—	42	3	2	81	16	10	58	4	5	183	4	5
Worcester Clinic	—	—	34	19	1	85	10	7	15	14	10	136	4	6
Stourbridge Massage	—	—	8	19	4	210	19	8	4	4	8	224	3	8
Orthopaedic Nurse	—	—	20	0	0	95	0	0	55	0	0	170	0	0
Other	—	—	—	9	0	—	—	—	1	10	6	1	19	6
TOTALS			—	188	18 10	626	19 3	237	17 8	1053	15 9			

* Knightwick Sanatorium cases not included.

Contributions.

Broad Street, Birmingham	—	—	91	0	0	6	1	2	14	0	0	111	1	2
Stourbridge Clinic	—	—	4	12	0	11	0	7	8	11	1	24	3	8
Redditch Clinic	—	—	1	0	1	6	16	7	5	13	10	13	10	6
Stourbridge Massage Clinic	—	—	14	4	—	16	16	6	7	2	—	17	18	0
TOTALS			—	97	6 5	40	14 10	28	12 1	166	13 4			

187. These contributions are in no sense inclusive because a very large percentage of the cost of apparatus is paid direct by the parents to the Hospital, the County Council only accepting responsibility for a portion of the cost which is arrived at after the financial circumstances of the parents have been considered.

Local Government Act, 1929.

188. The alterations and increase in duties of the County Council under the above Act were considered by a Special Local Government Act Committee.

189. During 1929 I made a survey of all Institutions in the County and also the majority of those which although situated outside, accommodate County cases.

190. Although this survey was helpful in providing a rough idea of the type of accommodation likely to be available in the future, two big obstacles were encountered which prevented any very definite recommendations being made.

191. The first difficulty concerned the Oldbury Urban District as a constituent of the old West Bromwich Union, which Union under the new arrangement would be split between five new County or County Borough Public Assistance Authorities. In the same way both Staffordshire and Worcestershire districts are included in the Stourbridge Union.

192. Before any Scheme for the County as a whole can be decided upon, the future use of these Joint Institutions, both from the point of view of availability for County cases and types of cases to be received, will have to be considered.

193. The second difficulty concerns the very irregular County Boundary which I hope may soon be rectified.

194. The Public Assistance Committee is a new Committee and not as in some areas an enlarged Public Health Committee.

195. There is an Institutions Sub-Committee on which Chairmen of two Health Committees are ex-Officio Members. The duties of this Sub-Committee will include the classification of cases and consideration of alterations or enlargements to Public Assistance Hospitals or Institutions.

196. During 1930 this Sub-Committee is visiting all the Institutions in the County.

197. The first step towards centralization has been taken in that the administration will be centred on Worcester in place of the 20 Offices of the various Clerks to Guardians.

198. The functions relating to vaccination are being carried out by the Public Health Committee.

199. The supervision of Infants under the Childrens Act is carried out by the Administrative Health Committee through Nurses and Health visitors.

Section 40.

200. The County Council has decided to act jointly with other Authorities in the Midlands in the preparation and adoption of Town Planning Schemes.

Sections 46 and 47.

201. The review of Sanitary areas in the County is at present in progress.

Sections 56 and 57.

202. The County Council has adopted a scheme, presented by the Public Health and Housing Committee, for assisting local authorities in carrying out necessary Sanitary (Water and Sewerage) improvements.

203. The Scheme is set out below :—

The County Council accept the principle of contributing towards the expenditure, incurred by the Councils of Districts in the County, upon the provision of sewage disposal works and water supply, on the following conditions, viz. :—

- (a) Any scheme submitted to be prepared by a competent engineer and full details to be furnished to the Committee.
- (b) The County Council's contribution to be limited to a sum not exceeding 75 per cent of the annual deficit, if any, shown to exist after credit has been given for all income accruing from consumers, and a rate upon the contributory place, and
- (c) The total expenditure of the County Council in any one year not to exceed the produce of a penny rate.

Your Committee are of opinion that in every application, the County Council shall require to be satisfied :—

- (1) as to the necessity for the scheme, in that the advantages would be enjoyed by a reasonable number of persons ;
- (2) that the proposals submitted represent a satisfactory method of providing the sanitary improvement ; and
- (3) that the district concerned is unable to carry out the provision without undue hardship to the rate-payers of that area.

Your Committee also consider that any applications received should be dealt with in such order of priority as the Committee may deem desirable.

204. The proposals outlined were adopted with the object of proceeding with several necessary schemes within a reasonable period. If assistance was limited to a capital grant paid out of revenue it would probably only be possible to deal with one proposal a year or even less. Under the arrangement contemplated the Local Authority would prepare a Scheme and subsequently with the approval of the County Council and the Ministry of Health raise a loan for the purpose. It is assumed that a fairly accurate estimate of the annual loan and maintenance charges would be available.

205. The County Council in conjunction with the Local Authority concerned will fix the water or drainage rate which will be levied on the contributory parishes until such times as the scheme is self supporting.

206. The deficit representing the difference between the maintenance and loan charges on the one hand and the product of the special water or drainage rate on the other hand will be borne by the County Council to the extent of 75%, and the remaining 25% raised by the Rural District Council as a special rate over the whole of their District.

207. It should be noted that as development takes place in a district where an assisted Scheme has been introduced, the fixed rate will remain but the annual deficit would decrease, with the result that the contributions of the County Council and the District Council would be a diminishing charge.

208. The result of these proposals will be that the County Council instead of being confined to assisting a single scheme to the extent of the product of a penny rate (approximately £5000) in one year will be able without delay to consider assisting Schemes to a capital sum the interest and sinking fund charges on which shall not exceed £5,000 in any one year.

Section 58.

209. The preparation of a Scheme for the securing of a whole time Medical Officer of Health service for County Districts will be considered as soon as the alterations likely to follow on the review of County Districts are known.

Section 63.

210. A report on the Isolation Hospital accommodation in the County was presented several years ago. This question could with advantage be considered in conjunction with section 58.

Mental Deficiency.

211. The coming into operation of the Local Government Act 1929 and the report of the Joint Mental Deficiency Committee are the two outstanding features of 1929.

212. The Stourbridge Institution at Wordsley, in which Worcestershire has a very large interest, has accommodation for about 450 Mental cases. More than half the mental inmates are boarders from areas other than Worcestershire or Staffordshire. As this Institution is in Staffordshire it will presumably be administered by the Staffordshire County Council. In addition to Mental cases there is Hospital accommodation for about 160 Hospital patients (Medical, Surgical and Maternity).

213. The Great Barr Colony has been enlarged. The County Council has some interest in this Institution as the Oldbury Urban District was formerly in the West Bromwich Union.

214. *Ascertainment.* In order that all Mental Defectives previously dealt with by the Guardians may now be considered by the Mental Deficiency Act Committee arrangements are being made for all definite or suspected mentally defective cases in receipt of Institutional or Out-relief to be seen and classified.

215. The details of cases under the Mental Deficiency Act Committee are

Ascertained	Males	253.	Females	213
In Institutions	„	55	„	61
Awaiting admission	„	8	„	7

216. The Wood Report, as a result of the investigations of Dr. Lewis included an estimate of the frequency of Mental Defect. The incidence is now considered to be twice as high as that found by the Royal Commission twenty years ago. Further there is a marked difference in the figures for Urban and Rural areas. Whilst the incidence of defect for all ages in Urban areas is 6·49 per 1000 of the population the figure for rural areas is 10·66.

217. Whilst the view has been accepted for some time that the incidence of Mental Deficiency is higher in Rural areas than Urban, the estimate that rather more than one in every 100 persons in Rural areas is defective is surprising.

218. If these figures are translated into the estimated Institutional requirements for defectives in Worcestershire the following figures are obtained.

<i>Children.</i>	Trainable	Males	58	Females	43
	Untrainable.				
	(Including cot and chair cases)	„	24	„	14
	Total	— „	82	„	57

Young adults.

	Employable	Males	118	Females	144
	Unemployable				
	(including cot and chair cases)	„	31	„	30
	Total	— „	149	„	174

Adults over 30 years.

	Employable and				
	Unemployable	— Males	154	Females	166
	Grand total	— „	385	„	397

219. It will be seen from the above that there are thought to be about 2350 Defective persons in Worcestershire and 782 of this number should be in Institutions.

220. Even when allowance is made for the Poor Law Defectives and the Educational cases (about 200), a proportion of whom are socially as well as educationally deficient, there must still be a very large discrepancy between the ascertained figure and the estimated figure, which can only be explained by incomplete ascertainment or a more favourable incidence in Worcestershire than the investigated areas. Whilst I am prepared to admit ascertainment is not complete, I hope that the second cause may also exist in the County.

Supervision.

221. Arrangements are made for progress and environmental reports to be furnished by Health Visitors and District Nurses, as the Local Control Authority require.

222. The Assistant County Medical Officers visit and report upon cases referred to them. Two assistant County Medical Officers have attended the Special Course of instruction arranged by the Association for Mental Welfare. Two newly appointed officers will be sent to the next course if it can conveniently be arranged.

Educational Cases.

223. There is always a tendency to delay certification as long as possible and further-more to classify doubtful cases as "educable" in the hopes that results may justify the action.

224. The Wood Report outlines a procedure which allows the problem being looked at from a sounder point of view, the criterion of Mental Deficiency being the inability of the individuals to adapt themselves to the standard of modern social requirements namely to be self supporting and requiring no supervision for their own safety or the safety of others. This standard is preferable to an arithmetical representation of their educational attainments. The opinion is expressed that about two-thirds of the so called educational cases would come within this definition. Ascertainment of these educational cases is not fully carried out. It is estimated that only one in three is actually the subject of certification.

225. In the absence of sufficient accommodation for cases, there appears to be a selection exercised by Institutions or Colonies all of which aim very naturally at admitting the higher grades and least troublesome cases. This difficulty is just as marked with the children of school age. If the county does make some provision for mental cases, the lower grade defective and the troublesome school child most certainly ought to be provided for.

Mental Hygiene.

226. The Administrative Health Committee has considered the need for the provision of clinics in conjunction with certain Voluntary Hospitals where patients who are suffering from early Mental illness can be seen by a mental expert.

227. Dr. Hughes of Barnsley Hall Mental Hospital attended the Meeting and explained the good results following the introduction of these clinics in Oxfordshire and he strongly urged the need for such Centres in conjunction with Voluntary Hospitals in Worcestershire.

228. A Scheme to provide such clinics in Worcestershire is being prepared.

Hop Pickers.

229. During the 1929 Hop picking season I visited the Tenbury, Upton-on-Severn, Martley and Pershore Districts.

(a) Tenbury District.

230. At one farm the scavenging and condition of the latrines were unsatisfactory and no real effort had been made to effect an improvement.

231. Apart from this one farm the general arrangements in the Tenbury District were quite satisfactory.

232. A Byelaw as to protection against fire comes into operation this year and Mr. R. W. Jarvis, the Sanitary Surveyor, has already viewed the premises so as to enable the Byelaw to be administered in an economical and efficient manner.

(b) Upton-on-Severn District.

233. Hops are not grown on many farms in this district. At only one of the four farms visited were the arrangements satisfactory in all respects, and on one farm the conditions were extremely unsatisfactory.

(c) Martley District.

234. In seven of the nine farms visited improvements had taken place in the housing and accommodation for the pickers since the last visit. The average accommodation whilst improving is not so good as in the Tenbury District.

(d) Pershore District.

235. At the two farms employing pickers the arrangements were good in one case ; in the other the accommodation could only be described as fair and would not be satisfactory in a wet season.

236. The weather was unusually favourable so it was not surprising to hear that the health of the pickers was good. One case of measles occurred. One farmer complained of the inadequacy of medical arrangements and hoped that the services of a District Nurse and the Poor Law Doctor might be made available. In Worcestershire the Hop Grower is expected to provide his employees with the necessary Medical and Nursing services. As mentioned in previous reports the Nursing arrangements are one of the least satisfactory features of the Worcestershire Hop fields.

237. The accommodation for Hop pickers is generally being improved year by year, and the average for the County is in my opinion quite reasonable.

Blind Persons Act, 1920.

238. No development of the Scheme was necessary during 1929.

239. The County Scheme under this Act is mainly carried out by the Worcestershire Voluntary Association for the Blind and includes subsidies to the unemployable blind and supervision and instruction by Two Home Teachers in the homes. One of the Home Teachers is provided with a motor vehicle. In addition annual contributions are paid to the National Library for the Blind and the Stourbridge Institution for the Blind.

240. As and from the 1st April 1930 the responsibility for supervision of the County Scheme passes from the Ministry of Health to the County Council.

241. Fourteen Home Workers were assisted by the County Council in 1929. Thirteen new certificates to enable blind persons to obtain free Wireless licences were issued last year.

242. Nine blind workers were employed in the Stourbridge Workshops ; 7 of this number were Worcestershire cases.

Smoke Abatement.

243. From enquiries made of the Local Sanitary Authorities in the County it appears that six Councils propose to adopt a Bye Law to regulate the emission of black smoke.

244. Difficulties over process smoke and the time of emission has caused delay in bringing the Bye Law into force.

245. The Midlands Joint Advisory Council for Smoke Abatement are retaining the services of an engineering consultant to advise generally on the subject.

Isolation Hospital Accommodation.

A. *Smallpox.*

B. “ *Fever* ” Hospitals.

A. *Smallpox Hospitals.*

246. My report for 1929 set forth the accommodation existing for the isolation of cases of Smallpox. Last year the new Smallpox Hospital was opened at Tolladine, nr. Worcester which provides facilities for 13 Sanitary Districts. The only parts of the County now without beds are those where parts only of the local sanitary districts are in Worcestershire.

B. “ *Fever* ” Hospitals.

247. The Hospitals available for diseases other than Smallpox are mentioned (together with the number of beds available) in my report for 1927 when I made a survey of all Worcestershire Isolation Hospitals. A Summary of my report was sent to each Hospital Committee.

248. Apart from the substitution of motor transport for horse drawn vehicles in two cases no further action appears to have resulted.

249. Although, speaking generally, Worcestershire is quite well provided with a number of small Fever Hospitals, in the absence of pooling arrangements, these small hospitals are bound to be costly. Difficulties in retaining an efficient staff for the bigger Hospitals is considerable and, as may be expected, this difficulty is accentuated in the smaller Hospitals.

250. Under section 63 of the Local Government Act 1929 the County Council have to prepare a Scheme for the County as a whole.

Housing of the Working Classes.

251. In 1929 about 2000 new houses were built in the County ; almost half this number were erected by Local authorities.

252. Between 1922 and 1928 inclusive 8000 houses have been erected viz. 3300 by local Authorities and 4700 by private enterprise. Last year I gave a table showing details together with the number of houses in each district unfit for habitation, the number of closing orders made and determined, together with other records of Health improvements as supplied to me by Local Sanitary Authorities. (see page 52).

253. The attention of the Authorities was also directed to the duties imposed upon them by the Housing (Inspection of Districts) Regulations.

254. The inroads made by fresh duties into the work of the Sanitary Inspector makes it increasingly difficult for the ordinary Housing inspection to be carried out. The position of estates manager and rent collecting and the clerical work associated therewith is in some districts undertaken by the Sanitary Inspector. The work in connection with Farms and Dairies, not to mention the Petroleum Acts, has been added without increase in staff. If these duties are to be carried out efficiently some of the Rural Authorities will have to consider increasing their staffs.

Housing (Rural Workers) Act, 1926.

255. During 1929, grants amounting to £2,965 4s. 6d. were approved in respect of only 31 dwellings.

256. The grants approved since the Act came into operation and up to the 31st December totalled £9,574 15s. 0d. The number of houses concerned was 108. During the same period applications in respect of 32 houses were either refused by the Committee for various reasons or were withdrawn by the applicants. In addition, applications relating to four dwellings were under consideration at the end of 1929.

257. The total of dwellings in respect of which assistance was sought to the 31st December last year was therefore only 144. This figure is almost a negligible one when compared with the number of houses in the County which are undoubtedly in need of reconstruction or substantial improvement.

258. No case has been rejected until it has been thoroughly investigated, as the Committee have been anxious that the fullest possible assistance shall be given to owners and has taken every action possible to ensure that applications shall be dealt with as expeditiously and fairly as possible.

259. The owner of two cottages in respect of which a grant of £200 was approved, decided, on completion of the work of reconstruction, not to accept the Committee's assistance, as he was able to obtain a higher rental than that fixed by the Committee. As provisional enquiries into the case had been made on behalf of the Council by the Local Sanitary Officer, which involved the payment of a fee of £1 11s. 6d., the owner was required to refund this amount to the Council.

260. With the approval of the Minister of Health, an owner to whom a grant of £100 had been made refunded the full amount, together with compound interest at $5\frac{1}{4}$ per cent. from the date the grant was paid. As a result of this, the dwelling has been freed from the restrictions as to rental and tenancy which were imposed under the Act.

261. The Committee have decided that the formal certificate of approval of a grant shall embody a note to the effect that in view of the substantial improvements to be carried out, it is most desirable that the dwelling should be insured against fire. It has been ascertained that this suggestion has been acted upon in every case except by one owner who states that it has never been his practice to insure his properties against fire.

262. Under the Act, the Council are required to satisfy themselves that the conditions as to rental and tenancy are being complied with. An annual review of the conditions is made. Up to the present, only one case has arisen in which action is necessary by the Committee, and in this instance, where it has been found that the dwelling is occupied by a person who is of a superior economic position to that of an agricultural worker, the owner has been requested either to arrange for the cottage to be occupied by an approved tenant, or to repay the grant together with compound interest thereon.

263. As the amount of the Committee's assistance is based on the estimated cost of the work to be carried out, it is essential that the Committee shall be satisfied that the estimate is a correct one. Applicants are therefore required to submit competitive estimates whenever this is possible. In some parts of the County, difficulty is experienced in obtaining more than one estimate and in order to assist the owners in these cases, arrangements are made for the County Land Agent to visit the property and to report as to whether or not the estimate is a reasonable one. For this service, the owner is required to pay the sum of £2 2s. 0d. to the County Fund.

264. No use has been made in Worcestershire of the panels of architects which have been formed to assist Local Authorities and owners in ensuring that any works proposed in the case of a house or building to which any particular interest attaches, shall not impair its appearance or detract from the amenities of the District.

265. Although the amount of work carried out under the Act has been small I am of the opinion that it has served a useful purpose in Worcestershire. The problem of Rural housing can only be met by the provision of new houses or the reconditioning of old ones.

266. The rentals of new houses are too high for the agricultural worker, whether following his own vocation or that of Rural road worker which is the main occupation of the displaced farm worker, and reconditioning will not be undertaken unless Local Authorities bring pressure to bear on owners.

267. The failure of the Rural Workers Act is I think due to lack of driving power. The necessary initiative to set the ball rolling is deficient.

268. In Worcestershire the team work has been quite successful. The County Health Department, the County Land Agent's Department and the Officers of Local Authorities have produced a workable solution of the Act. The administrative side is in no way responsible for the very limited use to which the Act is put but the comparative failure indicates the difficulties which it is hoped may be solved by the new proposals relating to Rural Housing contemplated in the Housing No. 2 Bill.

269. In my opinion it would be a pity if the Housing Rural Workers Act was withdrawn next year. As the new Housing Bill requires Rural District Councils to furnish such information as may be required by the County Council relative to Housing Conditions in their Districts the question of overcrowding may very possibly be dealt with under the Rural Workers Act more economically than by the provision of new houses.

270. The proposed added powers of County Councils relating to Housing will require very careful consideration. The possibility that Rural Districts may not be in a position to supply all the information required might arise.

271. Counties have difficulties in connection with the pollution of Rivers and the Sampling of Milk in that no Special Staff is provided to deal with this work.

272. Certain Counties have already appointed a County Sanitary Officer for this type of work and the increased powers in connection with Housing makes such an appointment even more desirable than previously.

Milk and Dairies (Consolidation) Act, 1915.**Milk and Dairies Order, 1926.***Routine Inspection of Cattle.*

273. The routine inspection of dairy cattle is not undertaken in Worcestershire. The inspection is at present limited to cases where the milk is known or suspected to contain Tubercle Bacilli.

274. The Gloucestershire County Council arrange for a general half-yearly inspection of all dairy cattle in that County and state that they are satisfied with the results. As they feel that the value of the work will be enhanced if similar action is taken in adjoining Counties, they asked last year if the County Council would consider adopting such a course.

275. The County Council eventually expressed the opinion that the routine inspection of cattle, as a public health measure for the prevention of milk-borne disease, constituted a question of national policy in view of the irregular distribution of dairy herds throughout the country. In order that some measure of uniformity in the amount of inspection considered advisable might be arrived at, and also that the question of the cost being spread over the consuming as well as the producing areas might be considered, the Council referred the matter to the County Councils' Association for consideration.

Advanced Clean Milk Course.

276. Following upon the "Clean Milk Course" held in 1927, an Advanced Course was held in 1929, at which twenty-one Sanitary Inspectors from 18 Local Sanitary Authorities attended. The lectures were given by members of the staff of Bristol University and proved to be both instructive and interesting, and included practical work in connection with visits to farms and dairies.

277. Both of the Courses have been practically self-supporting, the entrance fees being almost sufficient to meet the expenditure involved.

278. There is an increasing interest being shown in the production of clean milk. I understand that a party of farmers from the County visited the National Institute for Research in Dairying at Reading in 1929; I am hoping that a similar visit may be arranged during 1930 for Sanitary Inspectors, Dairy-men and Farmers. The efforts of certain Dairy firms to encourage the production of clean milk, with a high fat content, by the payment

of a bonus to those producers who reach a high standard is a fine example which may form a solution of one of the main difficulties in milk production. It has often been stated that it does not pay to produce clean milk, as the same price is obtainable for the inferior article produced under unsatisfactory conditions. If the retail trade adopts the principle of paying an increased price for the better article, the stimulus to the production of clean milk should be considerable, and such efforts will in the long run be accompanied by an increasing confidence in our Milk supplies and with, one hopes, a very desirable increase in milk consumption per head of population, which at present stands at the low figure of $\cdot 4$ of a pint, per head per day. The Milk and Dairies Orders are administered in the main by Urban and Rural Sanitary Authorities. Enquiries into the health of dairy cattle is a county responsibility.

279. It is generally realised that progress, as far as structural alterations to cowsheds, etc., must be slow, and in a number of Rural Districts the improvements are carried out slowly but steadily, the farmer being asked to carry out the improvements in stages. Such action is commendable and will produce results in the long run which are in advance of those obtainable by the force of compulsion rather than persuasion, although compulsion may be necessary in a minority of cases where other methods fail.

280. The Sanitary Inspector to produce results must have tact and knowledge. It is disappointing to see that some authorities who are entrusted with the responsibilities of administering the Milk and Dairies Acts and Orders fail to make use of the opportunities offered of assisting their districts by not allowing their Sanitary Inspectors to keep in touch with the advances being made in the clean milk movement. Most inspectors will agree that they have gained a considerable amount of information at their clean milk courses and demonstrations, which can usefully be passed on to retailers and producers in the course of the routine duties as an inspector. Generally speaking the urban authorities take a keener interest in these problems than the Rural, although the opportunities of useful work are even greater in Rural than Urban areas.

281. The trade of a country district includes the production of Milk which is retailed many miles away. The modern retailer of milk is desirous of providing a better article for his customers. It appears to me sound from a national as well as a local financial standpoint to see that every farmer is assisted in producing the article required. The rural District Council can assist by seeing their officers have the opportunities of studying methods of production which are less costly and, by general agreement, are of

even more importance than buildings. Certain districts in the County are already known as areas where clean milk is produced and no difficulty in disposing of their milk arises. The reputation of an area is largely in the hands of the Local Authorities.

Enquiries into Complaints of Infected Milk.

282. During the year, enquiries were conducted into sixteen complaints that milk produced in the County was suspected or had been found to contain tubercle bacilli. Most of these complaints were in respect of milk retailed outside the County, and were mainly received from the Birmingham Corporation and the London County Council.

283. In each instance, a visit was paid to the farm by the District Veterinary Inspector, who made a clinical examination of all dairy cattle in the herd, and samples of the milk were taken for microscopical examination and biological test at the County Laboratory.

284. The results of the enquiries were as follows :—

- In 2 cases. No cow discovered giving milk containing tubercle bacilli.
- In 7 cases. Cows were discovered giving Milk containing tubercle bacilli. One cow on each farm slaughtered under Tuberculosis Order, 1925.
- In 1 case. The milk of two cows was found to contain living tubercle bacilli. Two cows slaughtered under Tuberculosis Order, 1925.
- In 1 case. One cow which was excluded from herd by Veterinary Inspector died before completion of biological test. Post-mortem examination disclosed presence of tuberculosis.
- In 1 case. A suspicious cow was removed for slaughter between the time of the original sampling of the milk in Birmingham and the date of the visit of the Veterinary Inspector.
- In 1 case. Four cows which were excluded from herd by Veterinary Inspector were disposed of by owner. In addition one cow was slaughtered under the Tuberculosis Order 1925.

285. In 3 cases investigated where a suspicion that Tuberculosis was caused by the consumption of cows milk, no tubercular cows were discovered.

Routine Testing of Milk by Biological Experiment.

286. In addition to the biological tests necessitated by the complaints from other areas in which milk from Worcestershire is retailed, a certain number of samples is, as a matter of routine, dealt with each year from Sanitary Districts in the County. As the number of samples depends upon the accommodation available for the guinea pigs used in the tests, arrangements for the sampling and testing are made by the County Analyst and the Local Sanitary Officers as and when opportunity offers.

287. The following is an analysis of the 142 Biological Tests for Tubercle Bacilli carried out in the County Laboratory.

Number taken in connection with visit by	Positive	5
C.M.O.H. and County Analyst – –	Negative	33
Number submitted by Sanitary Inspectors	Positive	3
and reported to C.M.O.H. – –	Negative	25
Submitted by Veterinary Inspectors and	Positive	1
reported to C.M.O.H. – – –	Negative	10
Submitted by Local Authorities – –	Positive	2
	Negative	38
Grade “A ” Milk reported to C.M.O.H. –	Negative	2
Miscellaneous – – –	Positive	1
	Negative	22

Milk (Special Designations) Order 1923.

Grade “ A ” Milk.

288. The number of licences to produce graded milk is increasing but only very slowly.

289. There are many farms where the milk is of such a standard that a graded milk licence could, with very little trouble, be obtained. There appears to be an impression that substantial improvements to premises and costly equipment are necessary preliminaries, but it should be emphasised that the requirements are not at all extravagant. The main essentials are cleanly methods of handling and production.

290. Last year, the Council renewed four licences to produce and retail Grade A Milk. One of these was relinquished later in the year. Three new producers and retailers licences, and one producers licence, were also issued last year.

291. To ascertain whether the milk conforms to the standard laid down by the Milk (Special Designations) Order 1923, quarterly samples are submitted to the County Analyst for bacteriological examination. These samples have been, on the whole, quite satisfactory.

292. In addition, the Order provides that a quarterly examination of all the cattle in a graded herd shall be made by a Veterinary Inspector. Certificates of such examinations are supplied to the Council. Where an animal is found to be suffering from a condition which may injuriously affect the milk supply, the owner is required forthwith to remove it from the herd until such time as the cow is certified to be fit.

293. The present designations under which graded milk is sold have been found, in practice, somewhat misleading to members of the public. Last year the Council supported a resolution of the Cambridgeshire County Council advocating an alteration of the designations so that the public might more easily recognize which was the highest grade of milk.

Prevention of Rivers Pollution.

294. The last ten years has been marked by a revival of public interest in the question of river purity. This reawakened interest resulted in the setting up of an Advisory Committee appointed by the Minister of Health and the Minister of Agriculture and Fisheries to consider what legislative, administrative or other measures appear to be desirable for reducing pollution.

295. Other bodies to deal with research, etc., have been set up.

296. The setting up of a Central body to conduct research work and with some powers of direction, and the formation of Joint Committees to deal with Rivers as a whole, have been recommended.

297. The formation of Joint Committees is recommended for rivers which are still clean, as well as for polluted streams, in order that pollution may be prevented.

298. There can be no question that rivers are being increasingly used as sources of supply for drinking water and for this reason alone the purity of certain rivers is of importance.

299. During 1929 Surveys of the River Severn in Worcestershire were carried out in conjunction with the Ministry of Agriculture and Fisheries, and Meetings of Authorities concerned discussed the findings.

300. The River Stour, a tributary of the River Severn, remains the most polluted stream in the County. Efforts were made to try and improve matters by the formation of a Joint Committee under Section 57 of the Local Government Act 1894. The County Councils of Worcestershire and Staffordshire made grants towards the initial expenditure of this Committee and a very able survey of the river was, through the kindness of the Tame Basin Committee, carried out by Mr. Wardman. Mr. Ince, the Town Clerk of Stourbridge, has given his services as Secretary.

301. Although these initial steps were carried out under such favourable circumstances, some of the Local Authorities in the Watershed have not so far expressed a willingness to co-operate on such a Committee when formed.

302. The river Stour forms a County boundary between Worcestershire and Staffordshire where the maximum amount of pollution occurs, and unless a reasonable number of authorities are prepared to participate, the Committee will, I am afraid, fail to function.

303. The pollution from the Kidderminster Sugar Beet Factory has not, so far, been remedied by the new plant installed in 1928. The Public Health Committee has taken up the matter with the Factory owners and the stream will be surveyed during the next Sugar Beet season.

304. The pollution of the Laugherne Brook, a tributary of the River Teme, was again a nuisance and the County Council decided to take action under the Rivers Pollution Prevention Acts. The trade of gut scraping has since stopped and the premises are now only used for collection and storage.

305. The City of Gloucester has made efforts to get a River Board formed for the River Severn. The County Council was represented at the Conference called to consider this proposal.

306. There are obviously limitations as to what an active authority can do in the way of diminishing pollution. The exigencies of trade, the complications of legislation and the inability of local authorities to carry out necessary Sanitary improvements will do much to damp the ardours of would-be pioneers in this direction, but I think a Joint Committee would be useful for the River Severn, and this view is held by the Public Health Committee of the Worcestershire County Council.

307. It is of importance that this Joint Committee should be a Statutory and not Advisory body. As to whether the pollution duties might be carried out by the proposed new Drainage Authorities, I am not able to express an opinion, but the question of pollution and obstruction are often closely connected in that the latter aggravates the nuisance arising from the former. If such a proposal was possible it might prevent overlapping.

308. There are probably too many Authorities with powers under the Rivers Pollution Prevention Acts, and the fact that some of these Authorities are themselves polluting, creates a doubtful precedent when action against other defaulters is contemplated.

309. The Watershed area of the River Severn covers a very extensive area and the problem, which should be mainly preventive, is quite unlike that of rivers in highly industrialised areas.

310. The expenditure of a Joint Committee for the Severn should be small if the laboratories and other resources of the various Counties and County Boroughs on the river area are made full use of.

311. At present, few if any, County Councils have the skilled staff to undertake the routine work of inspecting rivers and the various trade and other effluents. There is need for a good rivers inspector who can advise rather than criticise, particularly on questions of trade effluents and sewage disposal.

312. An extension of research works on the treatment of trade effluents and the cost of purification processes, and the wider circularization of the results obtained, would be a helpful step. This research work would be one of the functions of the proposed Central Authority.

Local Sanitary Requirements.

313. In my Report for 1929 a table was included giving the main Sanitary Requirements of each County District.

314. Although this statement of requirements is by no means complete I have thought it of sufficient importance to have the table made up to date and repeated in this year's report.

District.	No. of Houses Erected. By Local Authority. By Private Enterprise or Subsidy.		No. of Houses Unfit.	No. of Closing Orders made.	No of Closing Orders determined	Chief Sanitary Requirements.	Large Sanitary Improvements.	Notes as to Typhoid Cases.	Notes as to Infectious Diseases.
URBAN.									
Bewdley - -	6	Nil.	3	3	Nil.	Sewage disposal works and replacement of defective sewers.	Nil.	Nil.	Nil.
Bromsgrove - -	46	28	Nil.	Nil.	Nil.	Modernising of the Sewage Farm	Nil.	Nil.	Nil.
N. Bromsgrove - -	48	186	Nil.	Nil.	Nil.	A new sewerage scheme for parts of the District unprovided.	Nil.	1 case of Typhoid.	Nil.
Droitwich - -	Nil.	2	26	26	6	Re sewerage of Town and remodelling of Disposal works. Conversion of 102 Pail Closets & 12 Privy middens	Nil.	Nil.	Nil.
Evesham - -	20	5	29	28	13	Clearance of certain defective poor class dwellings and re-construction of others.	800 Sanitary dustbins provided.	2 cases—origin not discovered.	Nil.
Halesowen - -	90	135	11	11	11	(1) Conversion of privies to water closets (2) Provision of water supply to dwelling houses (3) Provision of adequate ventilation to houses by alteration of fixed windows (4) Provision of eaves gutters and downspouts for the prevention of dampness (5) Provision of sufficient and suitable drainage to houses.	333 Privy Conversions. 59 Earthenware stone sinks with wastes provided. 103 Fixed windows made to open.	1 case of Paratyphoid.	Nil
Kidderminster - -	98	99	6	6	6	Nil.	Nil.	—	—
Lye and Wollescote - -	46	7	3	3	Nil.	Sewer should be constructed in Bott Lane to enable privies to be converted into W.C's.	Laying of Sewer from Ludgebridge Brook to Wynal Lane and up Brook Holloway. Erection of 46 Houses in Wynal Lane.	—	Diphtheria very prevalent. From enquiries unrecognised carriers appeared to be cause of outbreak.
Malvern - -	Nil.	30	5	5	5	Very cheap houses for those who have not the means to secure a suitable dwelling.	Nil.	1 fatal case of Typhoid—origin not discovered.	—
Oldbury - -	123	115	9	11	9	(1) The clearance of insanitary and congested areas. (2) Provision of separate W.C. accommodation for each house. (3) The paving or flagging of many common and Court yards. (4) A further 900 Municipal Houses. (5) The minimising of Factory smoke (Byelaws have been submitted to the Ministry of Health.)	(1) The Hagley Road West area sewered. 106 houses. (2) The Rounds Fold Reconstruction Scheme completed—19 unfit houses demolished and 22 new ones erected on a healthier site. (3) 251 fixed ashpits abolished and 516 portable ashbins were substituted.	1 case of Typhoid. 1 case of Para Typhoid.	—
Redditch - -	42	27	2	1	1	Abolition of pail closets.	Conversion of 29 Pail Closets and provision of 156 dust bins.	2 cases.	—
Stourbridge - -	299	52	10	9	9	Nil.	—	1 case—a newcomer to district—source undiscovered.	—
Stourport - -	14	153	—	—	—	Sewerage System for Bridge Street area and extension of water mains. Houses.	—	—	—
RURAL.									
Bromsgrove - -	48	176	5	5	3	Extension of Sewers in Alvechurch Parish and Stoke Prior Parish. Provision of Sewerage facilities in Parishes of Stoke Prior, Belbroughton and Wythall. The reconstruction of Stoke Prior Disposal Works. Provision of a Public water supply for Parishes of Wythall, Hopwood, Rowney Green, Wythybed Green and Alvechurch.	Extension of sewers have been carried out in the Parishes of Hagley, Stoke Prior. Extension of Sewer in Alvechurch Parish commenced. Extension to the water mains laid in the Parishes of Alvechurch and Webheath.	—	—
Droitwich - -	—	29	—	—	—	Scavenging of all Parishes.	—	—	—
Evesham - -	46	20	15	15	1	Sewerage and Sewage Disposal Schemes for Cleeve Prior and Bretforton. The water supply needs improving at Offenham, Harvington, Sedgeberrow and Norton. A Scheme for dealing with this has been approved by the Ministry of Health and if a grant can be obtained towards the cost work will be put in hand.	Extension of water main and sewers Hampton. Extension of water mains and sewers at Broadway.	—	More cases of Scarlet Fever than usual.
Feckenham - -	Nil.	7	Nil.	Nil.	Nil.	Conversion of Pail Closets to Water Closets in Astwood Bank and Feckenham.	Nil.	—	11 Cases of Scarlet Fever notified eight being directly traceable to an imported case of infection.
Kidderminster - -	Nil.	Nil.	Nil.	Nil.	Nil.	Sewerage Scheme and Works for Wribbenhall. Sewerage Scheme for Chaddesley Village. Water supply for part of Dowles & Shatterford Districts.	—	—	—
Martley - -	10	26	7	7	4	Water Supply and Sewerage Scheme for Areley Common, Areley Kings.	—	—	—
Newent - -	Nil.	1	Nil.	Nil.	Nil.	—	—	—	—
Pershore - -	Nil.	11	—	—	—	Water supply, sewage and sewage disposal works for Pershore.	—	2 cases (parishes of Pershore and Whittington.)	—
Rock - -	Nil.	4	—	—	—	Callow Hill Water Supply inadequate in dry Summer.	—	—	—
Shipston-on-Stour - -	Nil.	4	—	—	—	—	The property owners are reconstructing their drainage and sanitary arrangements and connecting to the new town sewerage system.	—	—
Stow-on-Wold - -	—	—	—	—	—	—	—	—	—
Tenbury - -	—	1	2	1	1	—	—	—	—
Tewkesbury - -	—	—	—	—	—	—	Water main extended from Bredon to Kinsham.	1 case	—
Upton-on-Severn - -	Nil.	7	2	2	—	Water supplies, Sewerage and Sewage Disposal for small communities.	Extension of Sewers in parishes of Kempsey and Ripple.	—	—
Winchcombe - -	—	—	—	—	—	—	—	—	—

315. In view of the prevailing unemployment it does seem very necessary that Local Authorities should consider whether they are able to proceed with these necessary improvements with the assistance available from the Unemployment Grants Committee. I have previously mentioned the proposals adopted by the County Council for assisting such Schemes. The assistance provided under these two headings may make possible, without undue hardship to the ratepayers, sanitary improvements which would otherwise be financially impossible. If due consideration is given to these proposals, some of the local difficulties may be solved, and at the same time, the useful work undertaken may assist in relieving unemployment.

316. The Evesham Rural District Council has already adopted proposals, in conjunction with the Pebworth Rural District to improve the water supplies of certain parishes, which were found to be insufficient during the drought period of 1929.

317. Whilst the total rainfall for the year was not exceptional the distribution was very irregular. The first nine months of the year being very dry, with a lot of sunshine, proved a very severe test of the adequacy of water supplies, although the extremely wet weather experienced in the last 3 months of the year brought up the annual rainfall to somewhere about the normal amount.

318. Although Evesham Rural was by no means the only County district where a shortage of water was noted, the Officers and members of this Local Sanitary Authority have always adopted very progressive and far sighted policies wherever the health questions of their districts were concerned, so that it is not surprising to see that one of the first assisted schemes in the County is likely to be undertaken in this district.

Drainage, Sewerage, Water Supplies and Scavenging.

Salwarpe Valley Drainage Scheme.

319. Further conferences between the four local authorities concerned in this proposed Scheme have been convened by the County Council. Although it appears that all the authorities concerned generally approve the suggested joint scheme, difficulty over the extent of the area to be covered and the apportionment of cost between the authorities has caused considerable delay. It is hoped that all the authorities will soon be in a position to submit the details to the Ministry for approval and assistance in accordance with the Unemployment Grants Committee's proposals.

320. There is no doubt that the need of improved facilities in the North Bromsgrove Urban District is particularly urgent, as active building operations are taking place.

Wribbenhall. (Kidderminster Rural District).

321. A consultant engineer has been called in to advise on the sewerage and sewage disposal of this parish.

Bewdley Borough.

322. A firm of consulting engineers has prepared a Scheme for the sewerage and sewage disposal of this Borough. As the site of the disposal works will be on the East side of the River Severn the possibilities of a single outfall works for Bewdley and Wribbenhall should be considered.

Bungalow Town, Stourport.

323. Although no action was taken in 1929 the Stourport Council are taking steps to deal with this portion of the District in 1930.

Chaddesley Corbett. (Kidderminster Rural District).

324. This Village in the Kidderminster Rural District is unsewered; the drainage from sinks, washhouses etc. runs down the roadside gutters. Steps ought to be taken to remedy these unsatisfactory conditions. The village is also dependent on a water supply derived from wells, most of which are known to be polluted.

Droitwich Borough.

325. The need of an improved system of sewers throughout the Borough is generally recognised. Although the financial cost of carrying out such proposals must be heavy it appears to be such a necessary improvement when consideration is given to the natural advantages which Droitwich possesses for the treatment of Rheumatism.

326. The assistance now available in aid of such schemes makes it unlikely that the proposals will be carried out at a smaller cost to the ratepayers in the future.

Stourport Urban.

327. The sewerage of Bridge Street area is needed. There is, I believe, some intermittent pollution of the River Severn arising from the Stourport Disposal Works.

Pershore Rural District.

328. The need of a proper water supply, sewerage and Sewage Disposal works for Pershore has been reported upon for a number of years.

329. There is some prospect of a water supply being provided but in view of the failures of the past when a supply seemed imminent I do not like to be unduly optimistic.

Wythall. (Bromsgrove Rural District).

330. I have had the opportunity of going round the district with the Medical Officer of Health (Dr. F. W. J. Coaker).

331. The insufficiency of the existing piped water supply and the absence of sewerage schemes is holding up the proper development of this portion of Worcestershire. The population of the Parish is now almost 2,000, and is increasing rapidly.

Belbroughton. (Bromsgrove Rural District).

332. Has a piped water supply but requires sewerage facilities.

Upton-on-Severn Rural District.

333. Upton town is without an adequate water supply and Kempsey village is still without a piped water supply.

Martley Rural District.

334. The Martley Rural District Council has considered several methods by which the Parish of Areley Kings might be provided with a water supply. The County Council has informed the Martley Council of the terms upon which assistance by the County Council might be considered.

Rock Rural District.

335. There was a shortage of water in 1929 at Far Forest when water was sold by the bucketful.

Scavenging and Refuse Disposal.

336. The arrangements made for the collection and disposal of house refuse are very different in Urban and Rural areas. For this reason I propose to deal with these two types of Sanitary Authorities separately.

*Urban Areas.**Bewdley Borough.*

337. There are still 123 privy middens in use. 15 conversions were made in the year. Refuse is collected weekly or fortnightly. Portable receptacles are being provided in place of ashpits ; 17 new bins were substituted for ashpits in 1929.

338. Complaints have been made as to rat nuisance arising from the refuse dump and when I last visited the area the dump was on fire but there are not many houses near the dump.

Bromsgrove Urban.

339. There are 79 privy middens in use. Ashpits are still very common in the district ; 25 bins were substituted for ashpits during 1929.

340. Rubbish bins are emptied weekly and ashpits as required.

North Bromsgrove Urban.

341. There are 346 privy middens and 860 earth or pail closets in use. The need of a sewerage system has previously been commented on. Parts of the area are really Rural in type.

342. There are numerous ashpits in use : refuse is collected monthly.

Droitwich Borough.

343. There are 12 privy middens and 102 earth or pail closets still in use. Three bins were substituted for ashpits in 1929.

344. Refuse is collected weekly.

Evesham Borough.

345. There are 12 privy middens but no earth or pail closets in use. About 800 sanitary dustbins were provided after notices had been given in 1929. The ashpit problem appears to have been solved. Refuse is collected weekly and from some premises twice a week.

Halesowen Urban.

346. 613 privy middens are still in use but 333 were converted into W.C's. during the year 1929. The progress is very encouraging but there is still a large amount of work to be done as the ash pits and privy middens are still far too commonly met with in the district.

347. Refuse is collected weekly from bins and as required from ash pits. When visiting Halesowen I commented on the unsatisfactory methods of dealing with refuse at the Cradley dump which constituted a nuisance to the houses near by.

348. I was asked by Dr. Brett Young the Medical Officer of Health to meet members of the Halesowen Sanitary Committee on the site.

349. Although the site is too near houses to be a really suitable one, the absence of other available ground for this purpose makes its continued use necessary. At the time of my visit the rubbish was tipped on the top of a steeply sloping bank which results in a very large sloping face covered with decomposing rubbish which cannot be covered.

350. I suggested that tipping should be started on the lower ground in shallow layers which can be covered. If this is done on the lines suggested the nuisance will be to a large extent abolished. The method has been recommended by the Ministry of Health and from personal experience I can say it works extremely well at Oldbury.

Kidderminster Borough.

351. The privy midden and earth closet has almost disappeared.

352. Refuse is collected weekly from 3960 portable receptacles. 359 ash pits were cleansed.

Lye and Wollescote Urban.

353. There are only 7 privy middens in use.

354. The substitution of movable receptacles for ash pits is taking place slowly ; 18 were carried out in 1929 but a large number still remain.

355. Refuse is collected weekly.

Malvern Urban District.

356. There are no privy middens and only 6 pail closets.

357. Refuse is collected weekly.

Oldbury Urban District.

358. 41 privy middens and 5 pail closets are in use.

359. 251 ashpits were removed and 516 movable bins substituted in 1929. Refuse is moved weekly from bins and monthly from ashpits.

360. I have previously mentioned the methods adopted for the disposal of refuse which is very well carried out in Oldbury. I think that authorities in the County who are experiencing difficulty might try and arrange to visit Oldbury as a practical demonstration is far more convincing than a written description. The Officers of several Authorities have, I believe, paid visits and I feel sure the Oldbury Authority would be willing, if approached, to place the results of their practical experience at the disposal of other Authorities.

Stourport Urban.

361. No details of the number of privy middens etc. is given but the number is said to be small.

362. Refuse is collected weekly from bins and monthly (or as required) from ashpits.

Stourbridge Borough.

363. There are 6 privy middens and one pail closet in use.

364. Stourbridge was one of the first districts in the County to press on with the substitution of movable bins for the fixed ashpit and the bulk of the district has already been dealt with.

365. Refuse is collected weekly from bins and from ashpits on request.

Rural Areas.

366. The difficulties of distance must be remembered when considering this question but in villages some organised system is often badly needed.

367. Huge collections of rubbish and tins present a real problem and in small gardens, with a well as the only source of water supply, pollution not infrequently occurs.

368. Whilst the advice to burn rubbish, whenever possible, is applicable to both town and country there remains a residue which cannot easily be disposed of in this way.

Bromsgrove Rural.

369. The Council has purchased a suitable site for a refuse tip for Belbroughton parish and a voluntary system of collection has been introduced.

370. The Council purchased in 1929 four 4 wheeled covered ash waggons for use in the parishes of Hagley, Stoke Prior, Alvechurch and Wythall ; also Sanitary Tumbler carts for use in the Parishes of Stoke Prior, Romsley and Hunnington.

Droitwich Rural.

371. A weekly collection of refuse in Fernhill Heath exists but no other parishes in Droitwich Rural are scavenged.

Evesham Rural.

372. A fortnightly collection has been provided in the parishes of Hampton and Broadway, monthly at Wickhamford and quarterly at Cleeve Prior.

Feckenham Rural.

373. Refuse was removed from 407 houses.

374. No other information available.

Kidderminster Rural.

Wribbenhall Parish.

375. An organised collection of refuse exists but the frequency of collections is not stated.

376. The tip is on the side of the River Severn the dump disappearing when the river is in flood.

377. The County Council has informed the Kidderminster Rural District Council that they do not consider this arrangement satisfactory.

Cookley Village.

378. A fortnightly collection.

Wolverley Village.

379. A monthly collection.

Chaddesley Corbett.

380. All house refuse and night soil pans are regularly cleared. The frequency of collection is not stated.

Arley.

381. Public ashpits are cleared by the Local Authority one week prior to the four holiday periods.

Martley Rural District.

382. Refuse is collected weekly from 116 houses ; the rest of the district has no organised arrangement.

Newent Rural District. (Redmarley and Staunton).

383. No arrangements made.

Pershore Rural.

384. A weekly collection is carried out in the Town of Pershore. No information as to the other parishes is given.

Rock Rural District.

385. No arrangements made.

Shipston-on-Stour Rural.

386. A weekly collection is made at Shipston and Blockley.

Stow on the Wold Rural.

387. A new refuse dump is provided.

Tenbury Rural.

388. Refuse is collected thrice weekly from 263 houses.

Tewkesbury Rural (part).

389. Nil.

Upton-on-Severn Rural.

390. No details given.

Winchcombe. (part).

391. No details given.

392. It will be seen from the above particulars that in Urban Areas a weekly collection of refuse is the general practice, the one exception being the North Bromsgrove Urban district where monthly collections only are arranged for.

393. The substitution of the hygienic galvanised dust bin for the ashpit is taking place in most districts.

394. Some system of refuse collection or the provision of dumps for villages in Rural Districts has been started.

Education in Health Matters.

395. The periodical "Better Health" is circulated to teachers, Nurses and Health Visitors in the County.

396. Two Lectures by Dr. William Brand on the Prevention of Tuberculosis were given in Halesowen and Oldbury and were very successful; large and suitable audiences attended. The County Council had the assistance of the Local Authorities, the Insurance Committee, and the Friendly Societies and it was to a very large extent due to their activities that the arrangements were so complete and successful.

397. The Infant Welfare Centres continue to exercise their educational functions in connection with Mothercraft. One of the County Health Visitors (Miss Butler) visits the Welfare Centres in Rural districts to give Health Talks.

398. *Health Weeks* organised by the larger Welfare Centres were held in 2 districts in 1929. The local schools now participate in these efforts; the general interest taken is very encouraging and clearly indicates an enlightened public opinion which is the first essential in getting improved sanitary conditions.

399. The Worcestershire Womens Institutes include " Health Subjects " in their Lectures, and the County Health Visitors are as far as possible released from their ordinary duties to undertake this work.

400. The Insurance Committee, working in conjunction with the Women's Institutes, has provided the services of Dr. Hall as a Lecturer in various parts of the County.

401. I wish to thank all the Members of the County Medical Dental, Nursing and Clerical Staff for their willing co-operation in the work undertaken by the Public Health Department.

Your obedient Servant,

WYNDHAM PARKER, M.C.,

M.B., Ch.B. (Edin.) D.P.H. (Lond.)

County Medical Officer.

Public Health Department,
County Buildings,
Worcester.

July, 1930.

APPENDIX.

WORCESTERSHIRE COUNTY COUNCIL.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR THE YEAR 1929.

Staff.

1. No change of Medical Staff occurred in 1929 which affected the County Tuberculosis Scheme.

Notifications.

2. The numbers of notifications in 1929 are set out in age groups (Table I.) and in Urban and Rural Districts (Table II.)

3. The notifications have increased in number since 1928 (521 against 501). This figure (521) is the highest recorded since 1920.

4. In 1928 the increase in the total notifications was due to extra non-pulmonary cases being notified (which was thought to be due to the Cripples Scheme) but in 1929, the increase is noted in the pulmonary group, viz., 322 in 1928 and 362 in 1929 : while the non-pulmonary group has decreased from 179 in 1928 to 159 in 1929.

5. This increase may be due to greater efficiency in the method of ensuring the notification of definite cases. We now have an office routine of calling for a notification from the Tuberculosis Officer of all definite cases, where the local Practitioner has failed to notify within a reasonable period.

6. Probably my remarks made in last year's report, that an increase in notifications does not necessarily mean an increase in incidence, is correct for 1929, as the numbers of deaths have decreased during the last three years.

TABLE I.
Notifications of Tuberculosis during 1929 showing Age Periods.

Age periods :	under 1 yr.	1-4 (4 yrs.)	5-9 (5 yrs.)	10-14 (5 yrs.)	15-19 (5 yrs.)	20-24 (5 yrs.)	25-34 (10 yrs.)	35-44 (10 yrs.)	45-54 (10 yrs.)	55-64 (10 yrs.)	65 and up- wards	Total.
Pulmonary—												
Males	—	4	5	12	18	32	30	34	25	10	4	174
Females	—	3	8	11	33	29	55	31	10	6	2	188
Non-pulmonary—												
Males	—	20	21	9	9	3	10	3	1	3	1	83
Females	—	9	21	11	10	10	9	2	1	1	1	76
Total . —	4	36	55	43	70	74	104	70	37	20	8	521

District.	Total cases notified 1929.	Population. 1929.	Notification Rate per 1,000 of Population.					Death rates.				
			1925	1926	1927	1928	1929	1926	1927	1928	1929	
Bewdley Borough	8	2619	3.1	3.9	2.3	3.0	3.0	1.2	0.8	1.1	0.4	
Bromsgrove Urban	8	9608	1.2	0.5	1.2	1.5	0.8	0.4	0.6	0.7	0.6	
North Urban	16	9991	1.0	0.7	1.2	1.3	1.6	0.7	0.5	0.7	1.0	
Droitwich Borough	7	3974	1.3	1.0	1.0	1.8	1.7	0.5	1.0	1.5	1.3	
Evesham Borough	6	8634	1.0	1.6	2.5	2.8	0.7	0.8	1.0	1.2	0.8	
Halesowen Urban	60	29980	0.9	1.6	1.0	1.1	2.0	0.6	1.2	0.7	0.8	
Kidderminster Borough	81	27720	1.2	2.2	2.3	2.7	2.9	1.1	0.8	1.1	0.9	
Lye and Wollescote Urban	33	12280	1.4	2.2	1.7	1.8	2.7	1.1	1.5	1.2	0.5	
Malvern Urban	22	17660	0.8	1.1	0.6	0.4	1.3	0.5	0.7	0.5	1.2	
Oldbury Urban	62	34190	1.2	1.1	1.5	1.9	1.8	0.8	0.7	1.0	0.9	
Redditch Urban	36	16390	1.4	1.3	1.7	1.6	2.2	0.4	1.1	0.8	0.8	
Stourbridge Borough	18	19390	1.4	1.3	1.1	1.4	0.9	0.7	0.7	0.9	0.7	
Stourport Urban	9	5254	1.2	1.6	1.8	1.1	1.7	1.0	1.0	0.8	0.9	
Bromsgrove Rural	20	20170	1.1	0.8	1.0	1.0	1.0	0.6	0.8	0.6	0.8	
Droitwich Rural	8	12230	1.6	0.6	0.8	1.9	0.6	0.5	1.1	0.6	0.4	
Evesham Rural	11	11050	1.6	1.3	0.9	2.1	1.0	0.6	0.8	0.8	0.9	
Feckenham Rural	11	5353	0.5	0.7	0.7	1.7	2.0	0.2	0.2	1.3	0.7	
Kidderminster Rural	13	7666	0.9	2.6	1.3	1.8	1.7	0.5	0.7	1.2	1.0	
Martley Rural	17	12880	1.6	1.7	0.8	1.9	1.3	1.2	0.9	0.7	0.5	
Newent (part) Rural	1	1036	2.0	1.9	1.9	0.0	1.0	1.0	1.9	0.0	1.0	
Pershore Rural	24	13180	1.5	2.9	1.7	1.0	1.8	0.5	0.6	0.5	0.8	
Rock Rural	6	2321	0.9	0.4	2.7	1.3	2.6	0.5	0.9	0.0	0.9	
Shipston-on-Stour Rural	8	4427	0.7	0.2	0.9	0.9	1.8	0.2	0.2	0.5	0.7	
Stow-on-the-Wold (part) Rural	-	273	-	0.4	-	-	-	-	-	0.0	0.0	
Tenbury Rural	6	4372	1.4	0.7	1.6	1.1	1.4	0.7	0.9	0.4	0.7	
Tewkesbury (part) Rural	3	2126	0.9	-	1.4	0.4	1.4	0.4	0.5	0.5	0.9	
Upton-on-Severn Rural	27	13780	2.2	1.3	1.6	1.8	2.0	1.0	1.1	0.6	0.8	
Winchcombe (part) Rural	-	106	-	-	-	-	-	-	-	0.0	0.0	
	521	308660	1.3	1.4	1.4	1.6	1.5	0.7	0.9	0.8	0.8	

Deaths.

7. The Registrar-General gives the following numbers of deaths during 1929 :

Pulmonary	-	-	199
Non-Pulmonary	-	-	51
			—
			250
			—

8. The deaths since 1925 together with notifications and pulmonary death rates for a similar period are set out in Table III.

TABLE III.

Year.	Notifications. all forms.	Deaths.* all forms.	Pulmonary Death Rate per 1000 of population.	Death rate all forms per 1000 of population.
1925	386	260	0.72	0.84
1926	437	220	0.57	0.7
1927	430	267	0.69	0.9
1928	501	252	0.68	0.8
1929	521	250	0.64	0.8

* As obtained from the Registrar General's return.

Deaths of unnotified cases.

9. There were twenty-five patients who died of tuberculosis without being notified. In twelve cases, an obvious reason was apparent why the notification was not sent, and in one case the notification was sent after death. In twelve cases the usual letter of enquiry was sent to the Practitioner. Eight were thought by the Doctor to have been notified previously. In three the diagnosis was only made at the end, and in one the Doctor stated that he did not notify in the patient's own interests. It was pointed out to this Doctor, that no action would be taken under the Scheme unless he wished it and no doubt a similar mistake will not be made in the future.

Tuberculosis Regulations 1924 relating to Returns from Medical Officers of Health.

10. A summary of the returns received from local Medical Officers of Health in the County shows :

Remaining on Registers at 31st December 1929 :

		Males.	Females.	Total.
Pulmonary	-	642	604	1246
Non-Pulmonary	-	315	324	639
		—	—	—
		957	928	1885
		—	—	—

Institutional Treatment.

11. For the whole of 1929 a large waiting list of cases for admission to Sanatoria has been in existence.

12. The extra shelters at Hayley Green Hospital were in use for the greater part of the year and two City beds at Knightwick were used by the County for a long period.

13. The question of the waiting list is under consideration by the Tuberculosis and Sanatorium Committee, who have made temporary arrangements whereby 9 additional beds are or will shortly be in use.

14. Tables IV. and V. show the number of beds available and the extent to which these were used during 1929.

15. Of the 126 beds set out in Table IV., 104 are definitely reserved at Knightwick, Hayley Green, and Hill Top.

16. Table VI. shows the immediate results of treatment.

Institutional Treatment.

TABLE IV.

	Observation. *	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions	
Adult Males	2	27	12	6	1	48
Adult Females	2	21	14	2	1	40
Children under 15 *	1	10	1	20	6	38
Total	5	58	27	28	8	126

* Beds used as required.

TABLE V.
RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT.

Number of Patients	Adults.		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
	M.	F.					
.....		34	155	135	15	39
		31	123	107	10	37
		24	40	43	—	21
		14	28	29	—	13
Number of Observation Cases		6	14	15	—	5
		5	11	13	—	3
		4	5	7	—	2
		1	2	1	—	2
		119	378	350	25	122
		Total				
		Child- ren.				
		Adults				

17. A summary of Table VI. shows that :—

(1) 266 were pulmonary cases (47% with positive sputum).

73 were non-pulmonary.

36 were observation cases.

(2) Of the 266 pulmonary cases :

132 were males (54% with positive sputum).

98 were females (50% with positive sputum).

36 were children (11% with positive sputum).

(3) The condition on discharge of these 266 pulmonary cases was :—

Quiescent	—	—	—	—	—	13
Improved	—	—	—	—	—	175
No material improvement			—	—	—	54
Died in Institutions	—	—	—	—	—	24

(4) Non-pulmonary cases—Total 73.

Bones and joints	—	—	—	—	—	47
Abdomen	—	—	—	—	—	9
Other organs	—	—	—	—	—	7
Peripheral glands	—	—	—	—	—	10

Refusals to accept Institutional Treatment.

18. Although the usual procedure of notifying patients that their names were being placed on the waiting list, was carried out in all cases during 1929, when the actual notice giving a date of admission was sent, 37 refused to accept. Nine gave no definite reasons, 6 did not consider it necessary, and the others gave various family and business reasons or were too unwell to travel.

Dispensary Treatment.

19. Table VII. sets out the Dispensaries, Doctors in attendance etc. It will be noticed that in the majority of cases, the Dispensary attendances are higher than last year.

20. Dr. Walshaw has now (1930) taken over Dr. Turner's Dispensaries and Dr. Corlett the Dispensary at Stourbridge.

TABLE VII.
Dispensary Work.

Dispensary.	Address.	Medical Officer.	Day and Time.	Total No. of Attendances 1929.	Average attendance per Session 1929.
Bromsgrove	Technical School, New Road	Dr. Turner	Tuesday, 3 p.m.	156	3.2
Evesham	Town Hall	Dr. Harthan	Tuesday, 10 a.m.	105	3.2
Halesowen	14 Laurel Lane	Dr. Turner	Wednesday, 5 p.m.	225	4.4
Kidderminster	19 Lion Street	Dr. Turner	Thursday, 2 p.m. & 5 p.m.	341	6.7
Oldbury	25 Church Street	Dr. Turner	Friday, 6.0 p.m.	397	8.0
Redditch	Nissen Hut, Elm Road	Dr. Turner	Monday, 3 p.m.	127	2.6
Stourbridge	Dispensary	Dr. Hanby	Monday, 5 p.m.	243	5.0
Worcester	29 Foregate Street	Dr. Clover	Wednesday, 3 p.m.	111	2.2

19. Table VIII. gives a summary of the work done at the Dispensaries during the year.

TABLE VIII.
RETURN SHOWING THE WORK OF THE DISPENSARY (OR DISPENSARIES) DURING THE YEAR 1929.

Diagnosis.	Pulmonary.						Non-Pulmonary.						Total.					
	Adults.			Children.			Adults.			Children.			Adults.			Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	M.	F.	M.	M.	F.	M.	M.	F.	F.
A.—NEW CASES examined during the year (excluding contacts) : (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	111 — —	104 — —	6 — —	9 — —			22 — —	31 — —	37 — —	33 — —			133 67 4	135 48 5	43 27 1	42 23 1		
B.—CONTACTS examined during the year :— (a) Definitely tuberculous (b) Doubtfully tuberculous (c) Non-tuberculous	9 — —	13 — —	6 — —	7 — —			1 — —	— — —	5 — —	5 — —			10 10 20	13 23 92	11 18 74	12 20 128		
C.—CASES written off the Dispensary Register as (a) Cured (b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	15 —	12 —	3 —	6 —			9 —	7 —	13 —	7 —			24 80	19 144	16 103	13 149		
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :— (a) Diagnosis completed (b) Diagnosis not completed	438 —	402 —	97 —	77 —			74 —	102 —	140 —	142 —			512 59	504 67	237 68	219 58		

TABLE VIII.—*Continued.*

1.	Number of persons on Dispensary Register on January 1st	—	1557
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	— — — — —	18
3.	Number of patients transferred to other areas and cases "lost sight of"	— — — — —	99
4.	Died during the year	— — — — —	164
5.	Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	— —	86
6.	Number of attendances at the Dispensary (including Contacts)	—	1711
7.	Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	— — —	389†
8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for :		
	(a) "Light" treatment	— — — — —	—
	(b) Other special forms of treatment	— — —	1
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	— — — — —	2
10.	Number of consultations with medical practitioners :—		
	(a) At Homes of Applicants	— — — — —	222
	(b) Otherwise	— — — — —	234
11.	Number of other visits by Tuberculosis Officers to Homes	—	2001
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary Purposes	— — — — —	9260
13.	Number of—		
	(a) Specimens of sputum, etc., examined	— — —	307‡
	(b) X-Ray examinations made in connection with Dispensary work	— — — — —	109*
	(c) Wassermann examinations made in connection with the Dispensary	— — — — —	10
14.	Number of Insured Persons on Dispensary Register on the 31st December	— — — — —	728
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December	— — — — —	111
16.	Number of reports received during the year in respect of Insured Persons :—		
	(a) Form G.P. 17	— — — — —	23
	(b) Form G.P. 36	— — — — —	373

† In addition there were 93 attendances at Massage Clinic.

‡ In addition there were 572 specimens examined for Practitioners paid for out of County Funds ; the majority of these would have been entered on the Dispensary Register.

* This figure represents actual cases, some of which had two or more films taken.

22. Tables XI. and XII. show the actual numbers of pulmonary and non-pulmonary cases on the register, and their condition at the end of 1929.

TABLE IX.
PULMONARY.

Condition.			Previous to 1926.					1926.					1927.					1928.					1929.				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus)
Cured.	Adults	M.	194	13	4	-	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F.	167	1	3	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Chil- dren	M.	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F.	51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Disease arrested.	Adults	M.	8	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F.	10	1	-	-	1	5	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Chil- dren	M.	4	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		F.	4	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Disease not arrested.	Adults	M.	46	14	44	11	69	3	2	16	2	20	20	8	16	3	27	12	10	32	3	45	58	6	49	-	55
		F.	47	9	27	8	44	12	4	9	2	15	29	3	9	4	16	34	4	14	2	20	70	7	40	1	48
	Chil- dren	M.	21	2	1	-	3	10	-	1	-	1	10	-	1	-	1	13	-	1	-	1	14	1	1	-	2
		F.	16	-	3	-	3	5	-	-	-	-	4	-	-	1	1	13	-	-	1	1	16	1	1	-	2
Dead.	Adults	M.	80	13	154	263	430	17	1	16	45	62	20	3	15	29	47	15	4	16	19	39	7	-	5	9	14
		F.	91	5	78	244	327	10	-	9	34	43	26	2	12	34	48	16	3	7	15	25	10	-	6	6	12
	Chil- dren	M.	8	-	1	10	11	-	-	-	1	1	4	-	1	-	1	2	-	-	-	-	-	-	-	-	-
		F.	9	1	1	13	15	-	-	1	1	2	3	-	2	-	2	1	-	1	2	3	1	-	-	2	2
Condition not ascertained during Year			43	12	18	2	32	17	5	4	-	9	18	1	1	-	2	14	2	3	-	5	-	-	-	-	-
Lost sight of or otherwise removed from Dispensary Register			189	35	75	16	126	30	6	14	5	25	31	3	12	1	16	27	3	7	3	13	8	1	2	-	3
Totals - *			1032	107	409	568	*1084	113	18	70	90	178	169	20	69	72	161	147	26	81	45	152	184	16	104	18	138

* In addition to these totals and prior to 1921 there are

Dead - - - Unclassified 1159.

Lost sight of - - - Unclassified 496.

TABLE X.
NON-PULMONARY.

Condition			Previous to 1926.					1926.					1927.					1928.					1929.					
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total	
ALIVE.	Cured.	Adults	M.	41	8	5	19	73	1	-	-	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Adults	F.	31	17	5	27	80	1	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Chil- dren	M.	27	23	7	33	90	-	2	2	1	5	-	1	-	-	1	-	-	-	-	-	-	-	-	-	
		Chil- dren	F.	25	13	5	38	81	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Disease arrested.	Adults	M.	6	-	-	1	7	1	2	-	-	3	-	2	-	4	6	1	4	2	1	8	-	-	-	-	
		Adults	F.	10	1	-	2	13	4	1	-	-	5	1	4	-	2	7	-	4	-	-	4	-	-	-	-	
		Chil- dren	M.	1	-	-	2	3	4	6	-	2	12	4	3	-	3	10	1	4	-	3	8	-	-	-	-	
		Chil- dren	F.	5	1	-	2	8	-	3	1	1	5	3	2	-	4	9	1	5	-	1	7	-	-	-	-	
	Disease not arrested.	Adults	M.	4	-	1	-	5	1	-	1	-	2	1	-	-	-	1	5	1	2	2	10	10	2	2	5	19
		Adults	F.	5	2	3	3	13	2	-	-	1	3	2	-	1	3	6	4	2	-	4	10	6	13	2	6	27
		Chil- dren	M.	8	1	-	2	11	5	1	1	-	7	3	1	-	5	9	6	3	-	8	17	8	18	-	12	38
		Chil- dren	F.	13	5	2	4	24	3	2	-	3	8	3	2	-	3	8	6	4	1	8	19	5	15	4	12	36
	Dead	Adults	M.	17	4	6	1	28	2	-	-	-	2	3	1	3	2	9	4	1	-	-	5	1	-	-	1	
		Adults	F.	5	10	3	5	23	1	-	-	-	1	2	3	1	1	7	1	3	-	-	4	-	-	-	-	
		Chil- dren.	M.	9	10	5	3	27	-	3	1	1	5	1	1	6	-	8	1	3	-	-	4	-	-	-	2	2
		Chil- dren.	F.	1	6	2	-	9	-	-	-	1	1	-	2	6	-	8	1	-	2	-	3	-	-	1	-	1
Transferred to Pulmonary				1	1	1	-	3	-	1	-	1	2	1	-	-	-	1	2	-	-	1	3	-	-	-	-	
Condition not ascertained during Year				18	2	4	10	34	4	5	1	2	12	4	4	1	4	13	2	5	2	7	16	-	-	-	-	
Lost sight of or otherwise removed from Dispensary Register				34	9	5	26	74	13	6	-	7	26	12	3	1	8	24	5	4	2	5	16	2	4	-	2	8
Totals - -				261	113	54	178	606	43	33	7	24	107	40	29	19	39	127	40	43	11	40	134	32	52	9	39	132

Contacts.

23. Contacts were examined as under :—

			Males.	Females.	Total.
Adults	—	—	40	138	178
Children	—	—	103	160	263

24. 46 of these contacts were found to be suffering from tuberculosis, 35 pulmonary and 11 non-pulmonary—a percentage of 10.4 of all contacts examined.

25. 71 were doubtful cases and were put down for re-examination.

26. In last year's report a short report was included by Dr. H. Midgley Turner on "Home Contacts."

27. Dr. Turner has made further investigation into the subject and before leaving Worcestershire he prepared the following statement for inclusion in this report. This investigation has been carried out in North Worcestershire and provides figures from which Dr. Turner draws the following conclusions.

"During the year an investigation was made into the incidence of
"and deaths from tuberculosis amongst the 833 home contacts of 185
"Sputum positive fatal cases of pulmonary tuberculosis who died
"January 1st 1927 to August 1st 1929."

"The incidence of tuberculosis among house contacts of fatal
"sputum positive cases of phthisis is significantly greater than the
"incidence of tuberculosis in the general population. The Death Rate
"from tuberculosis among the house contacts of fatal sputum positive
"cases of phthisis is also significantly greater than the death rate
"from tuberculosis for the general population."

"It is noteworthy how comparatively small is the amount of non-
"pulmonary tuberculosis in the contact group and how it is practically
"limited to the 5-15 years age group. Although the phthisis incidence
"from the age of 15 years onward is very heavy, there is practically no
"non-pulmonary tuberculosis. Now this form of tuberculosis, while
"more common in childhood, is still quite frequently met with in adults.
"The inference is that non-pulmonary tuberculosis in adults is usually
"either due to recent casual or workshop infection, or to reactivation
"of a childhood infection."

"The Worcestershire results would justify the statement 'that there
"is a tendency for both the onset and the fatal termination of Phthisis
"to occur earlier on the average in individuals from infected homes,
"than they occur on the average in other individuals.'"

"This opinion agrees with the observations of other workers who
"arrived at the same conclusions with regard to the children of parents
"with Tuberculosis. Whilst the Death Rate from Phthisis in the
"general population is illustrated by a flattened curve, with the maximum
"death rate occurring between the ages 25-35, a similar curve for contacts
"discloses a sharp peak in the age group 15-25. If a third graph
"representing the incidence of Tuberculosis amongst the contacts is
"superimposed two peaks are provided the first corresponding to the
"age group 15-25, whilst the second and smaller comprises the age
"group 35-45."

“ Of the eight contacts in the 35–45 years age group who manifested phthisis, conjugal tuberculosis accounted for four, while in three instances the infection was introduced into a household where there had previously been no known contact with tuberculosis. Thus in seven out of the eight instances the contact was intimately exposed to tuberculous infection for the *first time* during middle age. The conclusion is therefore justified that the second increase in incidence of tuberculosis among house contacts is made up of those middle aged individuals whose resistance to tuberculous infection has been sufficient to protect them in the past from casual and intermittent infection, but is insufficient to protect them after they become exposed to gross and continued infection in the home.

“ Although the incidence rate of pulmonary tuberculosis in the 5–15 years age group is high the majority of the cases are of a benign type which respond well to treatment.”

Dr. Turner urges that “ From the point of view of Tuberculosis Schemes, all contacts of sputum positive cases are themselves potential cases of tuberculosis. For this reason it is essential that they should be periodically examined. Such examination is in itself not of great value unless on the first signs or symptoms of loss of health (which cannot be diagnosed as some other definite clinical condition) the contact can be given a proper course of the appropriate treatment. The writer therefore advocates that powers should be given to make *preventive treatment* available for the contacts of sputum positive cases before the contact has reached the stage of being “ notifiable.” according to the generally accepted standards.”

28. From one of the many tabular statements submitted by Dr. Turner it appears that of the 833 contacts no less than 17% were either definite or suspected cases of Tuberculosis.

Environmental conditions.

Sleeping Accommodation of Sputum positive cases in the North of the County.

29. In 1927 the whole time Tuberculosis Officer for the North of the County (Dr. Turner) made an enquiry into the sleeping accommodation of patients with tubercle bacilli in their sputum. This enquiry showed that of 238 such cases only 51·7 per cent. slept in a separate bed. The tuberculosis and Sanatorium Committee subsequently provided bedsteads and mattresses for loan to sputum positive patients who would otherwise share a bed with someone else.

30. During December 1929 Dr. Turner again reviewed the position in the North of the County.

The results may be tabulated as follows :—

Sleeping in an outdoor shelter	—	—	14 cases	} 70·4%
Separate bed and room	—	—	83 „	
Separate bed but sharing room	—	—	68 „	
Separate bed whenever there are symptoms			5 „	
Two sputum positive cases sleep together	—		2 „	
Sharing bed but fresh arrangement pending			6 „	
Share bed (refuse to sleep alone)	—	—	25 „	
Share bed (no other arrangement possible)	—		38 „	

Total number of Sputum positive patients in area — 241 cases.

31. Thus 70·4 per cent. of these cases now sleep in a separate bed as compared with 51·7 per cent. in 1927. This shows appreciable progress in the right direction. It is of interest to compare the present position in the various dispensary areas with the position in 1927.

		Percentage of sputum positive patients with a separate bed.		Improvement.
		1927	1929	
Redditch Dispensary area	—	54·5%	70·7%	16·2%
Bromsgrove Dispensary area	—	61·4%	65·2%	3·8%
Kidderminster Dispensary area	—	49·4%	69·0%	19·6%
Halesowen Dispensary area	—	56·6%	81·0%	24·4%
Oldbury Dispensary area	—	42·6%	72·3%	29·7%

32. While all the Dispensary areas show improvement, the improvement in the Oldbury and Halesowen areas is the most remarkable. Housing conditions in some parts of these two areas are still far from satisfactory, and the credit for this big improvement must be given to the whole time Tuberculosis Nurse (Miss E. M. Layton), whose enthusiasm and sustained efforts in this direction have been a great factor in bringing about such a satisfactory position.

33. The improvement in Oldbury district is especially satisfactory as the part (Warley) with better housing accommodation has been transferred to Smethwick.

34. In order to make this report as complete as possible, steps were taken to obtain similar information for the south of the County to that obtained by Dr. Turner for the northern part.

The results may be tabulated as under :—

Sleeping in an outdoor shelter	—	—	—	17
Separate bed and room	—	—	—	61
Separate bed but sharing room	—	—	—	18
Share bed (refuse to sleep alone)	—	—	—	} 38
Share bed (no other arrangement possible)	—	—	—	

35. Thus for the whole County we have reports on the sleeping arrangements of 375 cases all with positive sputum. In 101 of these (27%) the patient shares a bed owing to refusal to sleep alone or no other arrangement being possible.

36. Up to the end of 1929 17 bedsteads had been supplied by the County Council on the recommendation of the Tuberculosis Officers.

37. Only those sanitary defects that are remediable are forwarded to the Medical Officers of Health.

These were :—

Bad ventilation	—	—	—	—	10
Drains	—	—	—	—	3
Dampness	—	—	—	—	2
Bad sanitary arrangements				—	12
Uncleanliness	—	—	—	—	5
Bad water supply	—	—	—	—	1

Extra nourishment.

38. Food allowances were granted to 59 patients during 1929. The After Care Representatives approved each case and the usual amount of milk, eggs and butter to the value of 5s. 0d. per week was granted.

Nurses' Visits.

39. A total of 9,260 visits made by Health Visitors and Association nurses is recorded.

40. In addition, 1,267 visits were made to 19 patients who required definite nursing visits.

Shelters.

41. The 41 shelters belonging to the County Council were in full use during the year. 16 transfers of shelters were made.

Non-pulmonary Tuberculosis.

42. The arrangements for the treatment of other than lung conditions as set out in a previous report, have been continued. Dr. Parker has included in his report a full statement as to the whole of the Orthopaedic Scheme, so I merely give below a statement as to the number of tuberculosis cases treated.

In-patient Treatment.

Patients (Non-Pulmonary) were discharged from Hospitals as under :

Worcester General Infirmary	—	—	—	10
Kidderminster General Hospital	—	—	—	2
Birmingham Queens Hospital	—	—	—	3
Birmingham Royal Cripples Hospitals			—	11
Shropshire Orthopaedic Hospital	—	—	—	2
Birmingham Skin Hospital			—	1
County Sanatoria	—	—	—	44
				<hr/> 73 <hr/>

43. Immediate results of treatment are included in Table VI.

Out-patient Treatment.

44. Attendances of cases of tuberculosis at the three County Clinics were as under :

Stourbridge	—	33 cases, 184 attendances.
Redditch	—	32 „ 107 „
Worcester	—	25 „ 98 „

(Signed) H. GORDON SMITH

M.A., M.B., B.Ch., D.P.H.,

Chief Tuberculosis Officer.

July, 1930.